Intelicode User's Manual

Version 11

Table of Contents

Introduction 5
I. Features 6
II. What's New in Intelicode 11 7
III. License Agreement 8
IV. Getting Started 11
- System Requirements 11
- Installation 11
- Activation 11
- Login 12
- Create a New Office 12
- Load an Office 14
- Basic Steps 15
- Administration 16
- Need Help? 22

V. Walk Through 24
- Step One 25
- Step Two 26
- Step Three 27
- Step Four 29
- Step Five 32
- Step Six 35
- Step Seven 36

VI. Navigation 37
- Patient Screen 37
- History Screen 43
- Exam Screen 45
- Decision Screen 47
  - Diagnosis/Management 48
  - Number Of Diagnoses (Trailblazer) 49
  - Management Options (Trailblazer) 50
  - Amount/Complexity of Data 50
  - Data Reviewed or Ordered (Trailblazer) 51
  - Risk 52
    - Presenting Problems 52
    - Diagnostic Procedures 53
    - Management Options 54
- End Screen 55
- Retrieve Saved Reports 60
- Visit Summaries 62
- Visit Summaries Archive 67
- Deleted Visits 68
- CMS Guidelines 70
- Preferences 71

VII. Reports and Printing 73
- Encounter Detail Report 73

Report Options 76
Audit Summary 77
Issues and Recommendations 81
Diagnosis and Procedures 84
Provider Summary 85
Provider Net Fee Totals 88
Billed Code Totals 89
Provider Accuracy Report 92
Custom Provider Accuracy Report 94
Management Reports 95
VIII. Management 99
Patients 99
Attending Providers 102
Requesting Providers 106
Residents 110
Fee Schedules 114
Note Macros 117
Modifiers 122
Specialties 125
Risk Elements 128
Payors 132
IX. Offices 136
Create Office 136
Rename Office 137
Remove Office 138
Browse for Office 139
Multiple Offices 140
Copy and Send Between Offices 141
Repair Offices 145
Export Office 146
Sync Office 147
X. Miscellaneous 148
Archive Providers and Residents 148
Automatic Updates 149
Consult Verification 149
Customized Visit Grid 149
Date of Birth 151
Provider vs. Reviewer E&M 152
EZHelp™ 153
Running Tally 153
Wrong Category 153
XI. Shortcuts 155
XII. Contact Us 156
Corporate Headquarters 156
Sales 156
Technical Support 157

Introduction

Thank you for choosing INTELICODE®! We appreciate the fact that you have placed your trust in us. Since the early days of our first product in 1998, Intelicode has become and remained the number one software for auditing, validating, and teaching Evaluation and Management Services (E&M).

If you are new to Intelicode, you are in for a pleasant surprise! If you have been already using Intelicode, you know how valuable this tool is. Now, with the release of Intelicode 11, we trust that you will find the many enhancements and new features to be a great benefit to you and your work.

Intelicode is ideal for auditing or reviewing services for CMS compliance. Many are using Intelicode as a "monitoring tool" to monitor and validate charges prior to submission. Others find this program to be ideally suited for training purposes.

Countless professionals rely upon Intelicode for consistency, reliability, and credibility for their encounter reviews, education, appeals, and expert witness testimony.

We are pleased that you have chosen Intelicode! We invite you to call us with questions, comments, or suggestions on how we can continue to deliver an excellent product.

Thank you,

TSI - Makers of INTELICODE® products

Features

Basic Features of INTELICODE®.

- **Easy to use -** Intelicode has a familiar look and feel to the paper audit forms you are used to using.
- **Produces a "running tally" -** Intelicode starts calculating from the moment you start entering information.
- **Excellent reporting -** A growing selection of reports that improve your productivity and save you time.
- **Adheres to both CMS '95 and '97 Guidelines -** CMS has instructed payors to use whichever set of guidelines is most favorable to the provider. Intelicode makes this easy. You can use both '95 and '97 exams and Intelicode will save the highest level if you prefer.
- **Visit archive -** Intelicode "archives" or stores visits that have been "edited".
- **Dynamic Reporting -** Intelicode gives you the flexibility to create reports that fit your needs, giving you the information that you want, while being able to save them into a variety of formats, or even email them. And now, Intelicode 11 introduces dynamic reporting for the Audit Summary and the Custom Provider Accuracy Report. See What's New in Intelicode 11? for more information.

Enhanced features of INTELICODE® Pro and P.A.T.H.

- **Stand-alone or network -** Intelicode runs locally, yet allows you to network data. If you need to be mobile, simply copy the data to your local drive and go!
- **Supports multiple "offices" (i.e. databases) -** If you have multiple sites, departments, or clients, Intelicode allows you to maintain as many as you wish. Now, with Intelicode 11 you can even work with multiple offices simultaneously!
- **Copy and Send Data -** Intelicode allows you to copy and send patients, providers, diagnosis codes, note macros, etc. from one office to another.

What's New in INTELICODE® 11?

While we have retained the work flow and many of the features that have made Intelicode great, it won't take long for you to notice that Intelicode 11 is a major update. Intelicode 11 includes numerous additions and enhancements that we believe will leave you more than satisfied with the new product. Some of the changes are:

- **Dynamic Reporting -** Intelicode 11 introduces a new facet to the already excellent reporting tool. Now, for the "Audit Summary" and the "Custom Provider Accuracy Report", you will be able to determine which columns you want in or out of the report. In addition, you will be able to put the columns in the order of your choice. Intelicode 11 reporting offers you more options and more flexibility than ever!
- **Point System -** Intelicode 11 now includes the ability to assign a point value to each variance level, and thereby track the degree of accuracy.
- **Simultaneous use of Multiple Offices -** You will now be able to query, sort, and run reports for data from multiple offices simultaneously!
- **SQL Server -** Intelicode 11 allows you to store your data in Microsoft SQL Server giving your organization more flexibility.
- **Audit Prep Screen -** Get a head start on your audits with the Audit Prep Screen. There you can enter and save information about a visit prior to actually starting the audit. When you are ready to audit the visit, simply select the audit prep that you had saved and the information will automatically fill in the appropriate fields.
- **Management Screen -** The "Utilities" menu is now called "Management". Enjoy the new "Management" screen where you will be able to add, delete, and update data from various tables. This includes those the tables that were previously under the "Utilities" menu (i.e. Patient, Resident, Fee Schedule, etc.) and also two new tables--"Risk Elements" and "Payor".
- **Import and Export Data -** The Management screen new includes the new ability to import data from an existing Excel spreadsheet or CSV (comma separated) file and export data to a CSV file.
- **Preferences -** With Intelicode 11 also comes the introduction of the "Preferences" screen whereby you can set your default exam type, your method (code or description) by which you will enter diagnosis codes and CPT codes, your default MDM, and more.
- **Office Tools -** You can now access tools for repairing, importing, and exporting offices/departments.
- **Miscellaneous Additions, Enhancements, and Fixes -** The major changes above are just the tip of the iceberg. There are many other enhancements that are too numerous to mention each by name. Be sure to peruse Intelicode 11! You will be sure to find many other new features along with improvements to already existing features.

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Getting Started

System Requirements for Intelicode 11

Hardware

The minimum hardware requirements are:

- CPU: 1-gigahertz (GHz) 32-bit (x86) processor or faster or 1-GHz 64-bit (x64) processor
- Memory: 1 gigabyte (GB) RAM (32-bit) or 2 GB RAM (64-bit)
- Available Disk Space: 120-MB hard disk space.
- Additional storage is recommended for backups of data. Intelicode is not responsible for lost or stolen data.

Software

The minimum software requirements are:

- Operating System: Windows XP SP3, Windows Vista SP2, Windows 7 SP1
- Internet Browser: Internet Explorer 8 or greater

Optional Software:

- For Microsoft Word export functionality: Microsoft Word 2003 or later
- For Microsoft Excel import/export functionality: Microsoft Excel 2003 or later
- For view PDF exports: Adobe Acrobat Reader X or later (latest version recommended)

NOTE: Wireless Connections are not supported and its use may potentially result in data loss.

Instructions for Installing Intelicode 11

To install Intelicode 11, follow these simple instructions:

1. Download the installation file from the Intelicode website - intelicode.com.
2. Find the file at the location on your system where you saved the downloaded file.
3. Close all programs.
4. Double-click on the file.
5. Follow the instructions on the dialog.

Help for Activating Intelicode 11

Once installation is complete, you should see an INTELICODE® icon on your desktop.

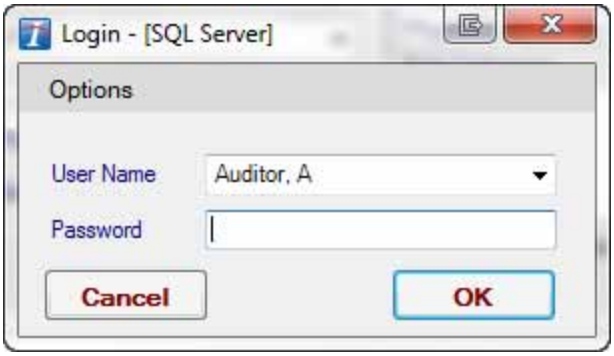
To start INTELICODE® 11:

1. Double-click the **INTELICODE® 11** icon OR From the **Start** menu, select **All Programs**, then find the **Intelicode** folder, click on it, then click **Intelicode 11**. A small window will pop up named **Intelicode Evaluation**.
2. If your subscription with Intelicode is current, click **Activate Intelicode**. A dialog will appear.
3. Leave this window open. You will be required to give the **System ID** number to activate your account.
4. Call the number shown to activate your subscription.
5. You will be directed over the phone how to activate the subscription from this point.

Help for Logging In

To login to INTELICODE® 11:

1. Before logging in for the first time, you must first be entered as a user in the "Administration" panel. See the Administration help page for more information about entering users.
2. When you launch Intelicode 11, the first screen that will come up is the **Login** screen (unless you are evaluating or need to activate the software). Click the **User Name** dropdown list, find your name and click it.



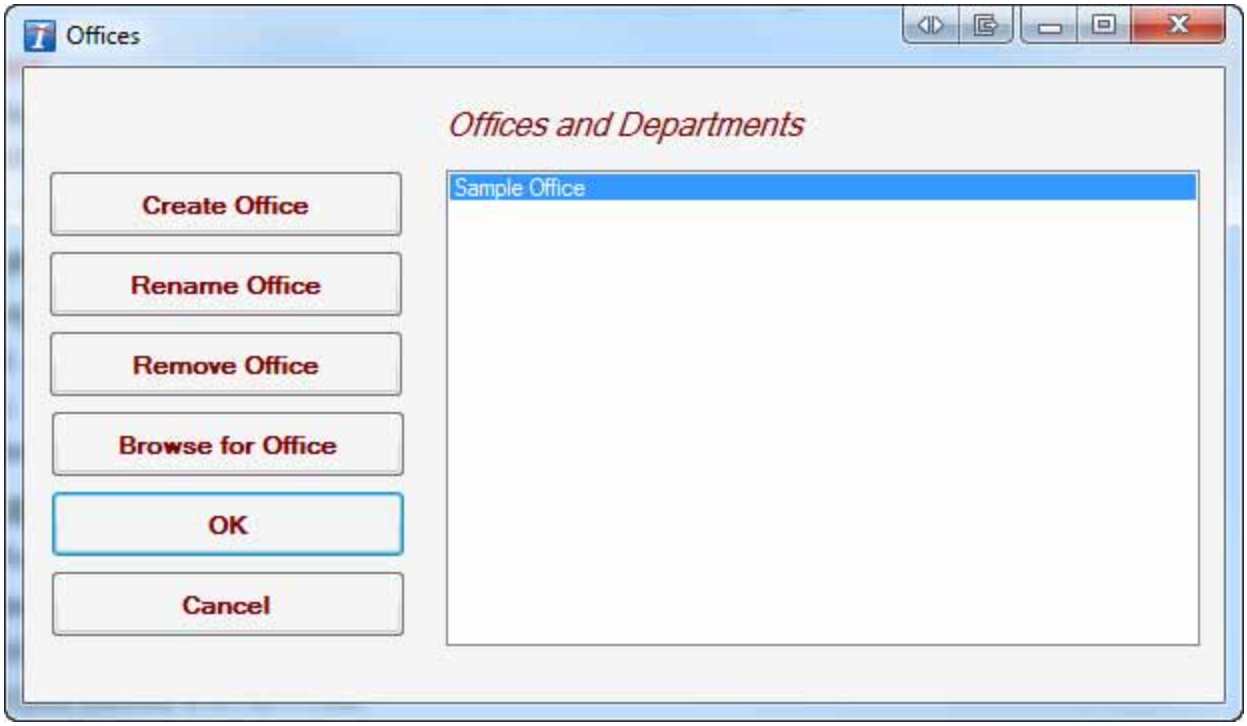
3. After you have selected your user name, type in your password (passwords are not required in Intelicode 11 so you may or may not have a password depending upon your organization's policy).
4. Click **OK** or click the **Enter** key to login.

Create a New Office

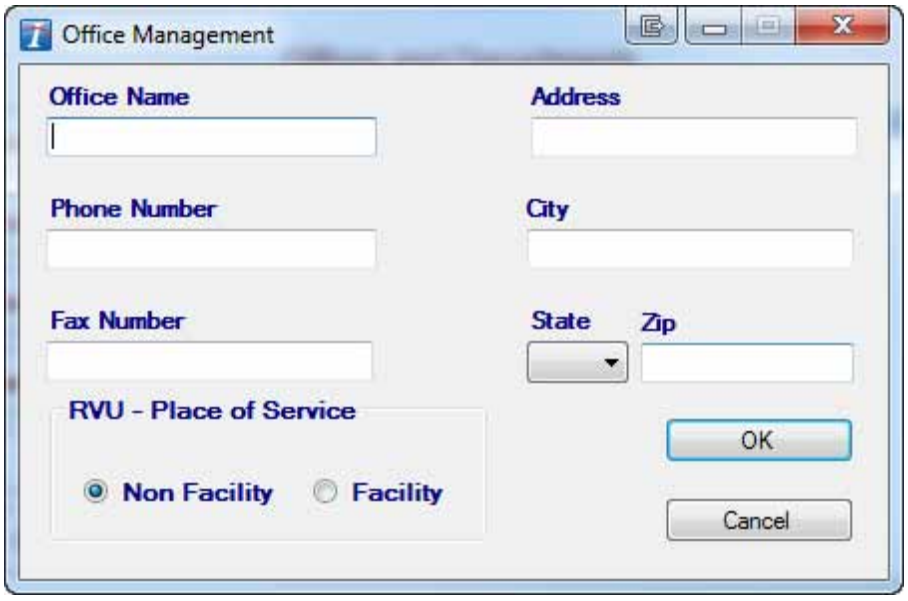
To create a new office:

3. Click **Create Office**. The **Office Management** screen will come up.

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**
2. You must have permission to create an office. If you do not, the **Create Office** button will have gray text. If this is the case, you will have to either be given permissions by your **Administrator** or you will have to have your **Administrator** create the office. To learn more about managing offices, permissions, and users, see the Administration help page.



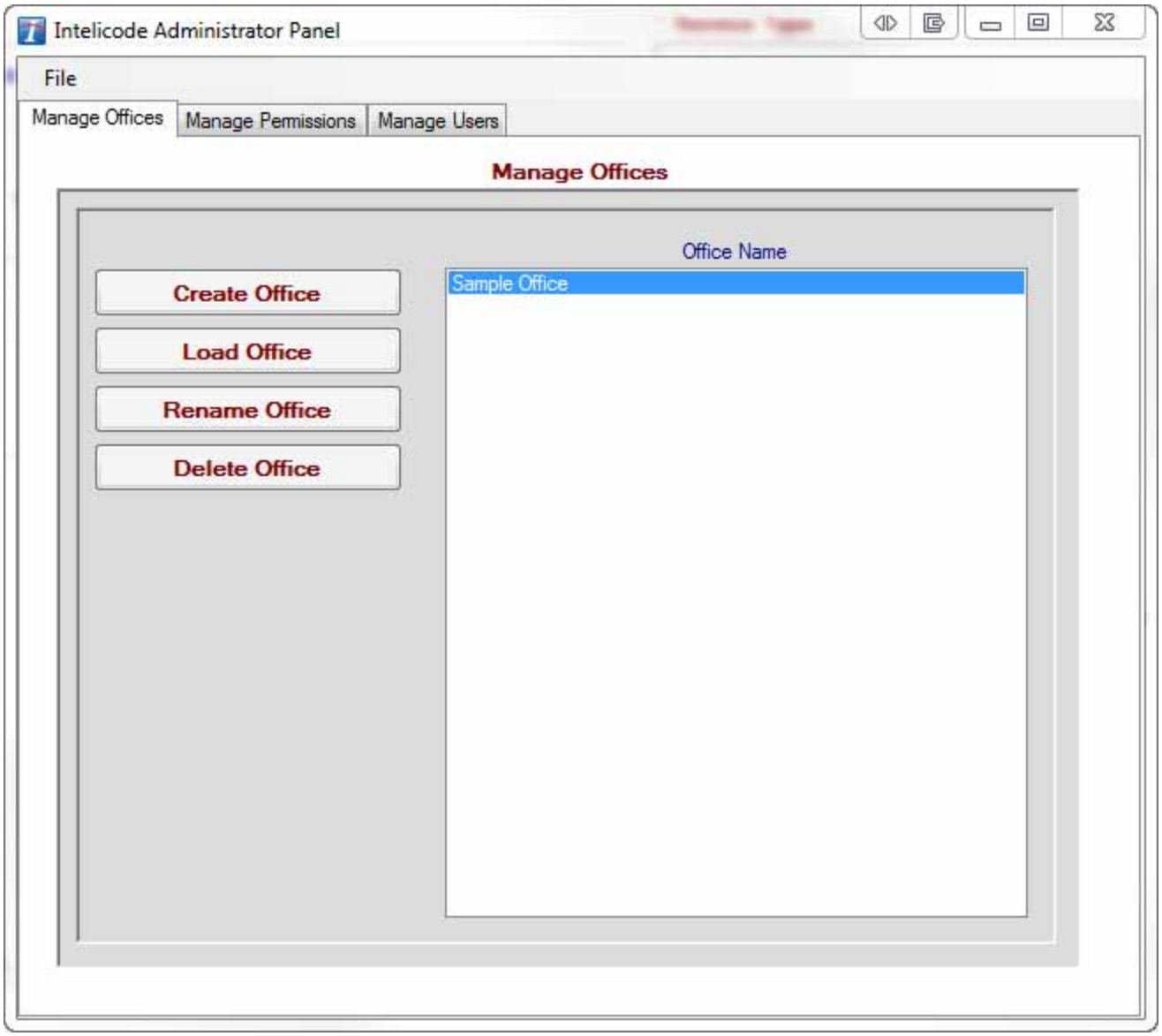
4. Fill in the necessary information and click **OK**. The **Office Management** screen disappears.
5. To begin using this office, click the office name on the **Offices and Departments** screen and click **OK**.



Load an Office

To load an Intelicode 8.x office file into Intelicode 11:

1. From the **Login** screen, click on the **Options** menu.
2. From the **Options** menu, select the **Administrator Panel** menu item.
3. Enter the **Administrator Password**. (You must be an Administrator to load an office.) The **Intelicode Administrator Panel** will appear.
4. Click the **Load Office** button.
5. Browse to the location of the Intelicode 8.x office file that you would like to import.
6. Select the file and click **Open**.
7. Click **Yes** if you don't mind the process potentially taking several minutes.
8. The newly-loaded office should now appear in the list of office names.



Basic Steps to use INTELICODE® 11

The following simple steps will outline the overall flow as well as the necessary information to perform an audit using Intelicode. Below, we will define the minimal information required to start the process:

1. **Patient ID** - This is the medical record number or whatever number that is used to identify the patient.
2. **Last Name | First Name** - This is the last name and first name of the patient whose encounter is being audited.

   Note: The patient name is ***not*** required to perform an audit.

3. **D.O.B** - (Date of Birth) This is the date of birth of the patient. Enter the D.O.B. in MM/DD/YYYY format.

   Note: The patient D.O.B. is ***not*** required to perform an audit. A D.O.B. is only necessary when auditing services for service types which are age-driven.

4. **Patient Status** - Each patient will automatically be flagged as a new patient the first time you enter them into the software. Change the patient status accordingly.
5. **Gender** - Choose 'Male' or 'Female'.
6. **User** - This is a required field. A User/Reviewer must be selected for each visit.

   Note: When a user is set up, a password is ***not*** required.

7. **Visit Date** - This is the date of service for the encounter being audited. The Visit Date automatically defaults to the current date. Change the date accordingly. You may enter the date manually by changing the month, date, or year, or you may click on the dropdown arrow and select the date from the display calendars.
8. **Service Type** - Select the appropriate type of service basic on the documentation. This may differ from what the provider billed.
9. **Sub Category** - Make sure you include the appropriate subcategory (i.e. a Consultation could be an Office Consult or Inpatient Consult) as this will be a determining factor of the overall code.

   Note: If **Consultations** is selected for the Service Type, the **Consult Verification** questions must be answered to continue with the audit.

Once the required information is entered, the navigation buttons (**Patient**, **History**, **Exam**, **Decision**, **End**) will become active.

Note: The **Visit Date** and **User** will remain the same from encounter to encounter until you change them or exit the program.

Instructions for the Administrative tools

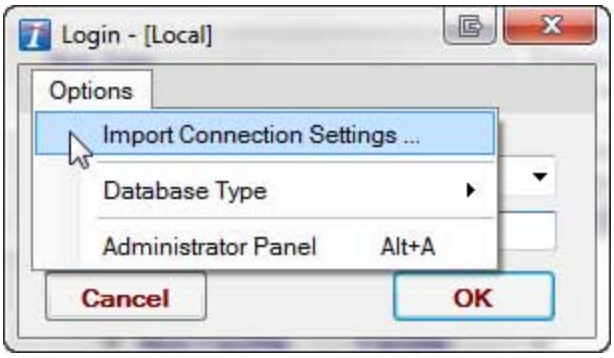
Access the administrative tools by clicking on **Options** from the **Login** screen that comes up when you launch the program. The **Login** screen can also be accessed from within the program by clicking on the **Change - User Connection** option on the **User/Connection** menu at the top of the screen.

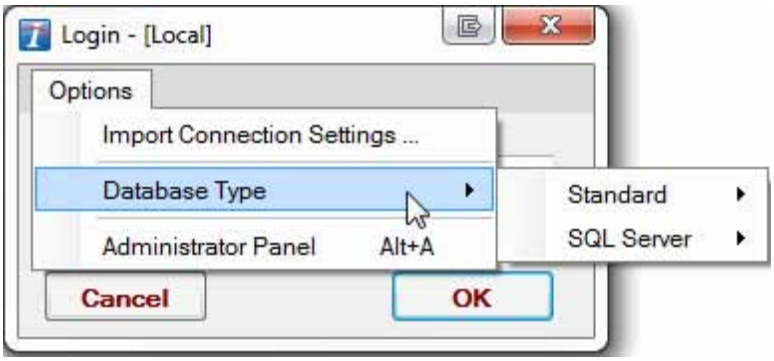
To Import Connection Settings:

1. Click on **Import Connection Settings...** on the **Options** menu.
2. Browse to the location that has the "Intelicode Connection File" (.tsicn) that you are looking for.
3. Select the file and click **Open**.

To Select Database Type:

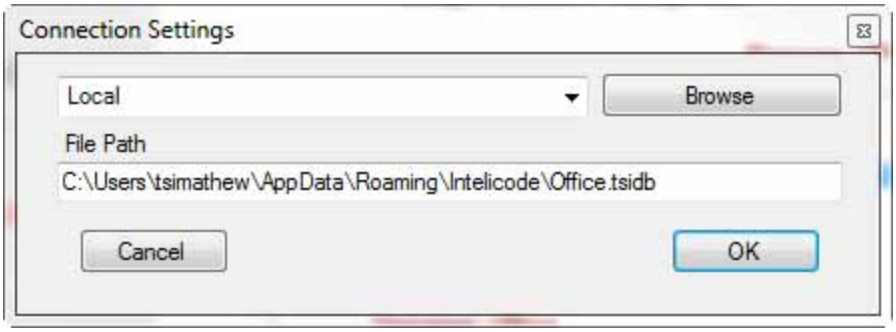
1. Hover over **Database Type** on the **Options** menu.
2. Select the appropriate database type.





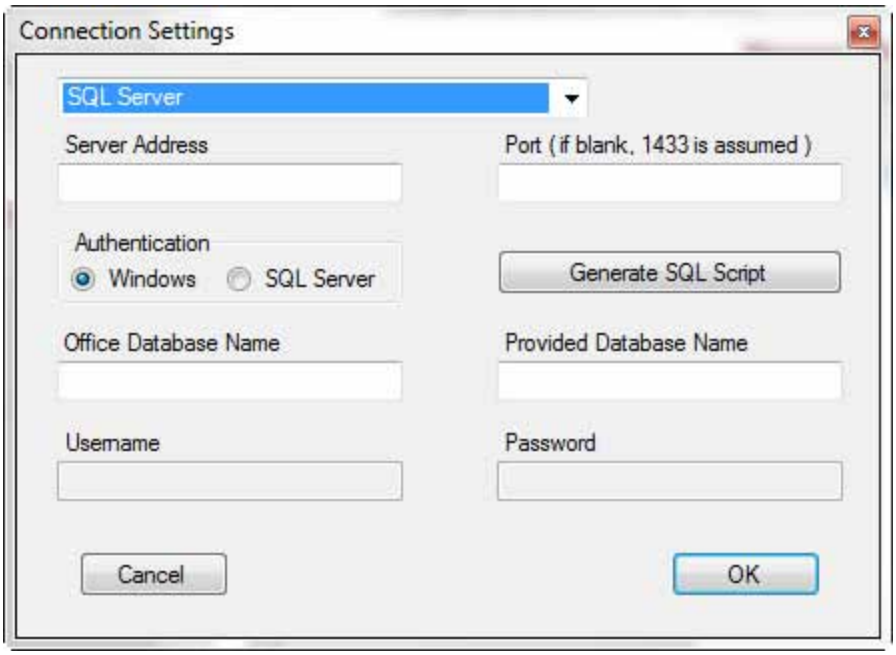
Administrator Panel:

1. Click on **Administrator Panel** on the **Options** menu.
2. Enter the administrator password and click **OK**. The **Intelicode Administrator Panel** comes up.
3. **Settings:**
    a. **Connection Settings:**
        i. Click on the **File** menu and choose **Connection Settings**. The **Connection Settings** screen comes up.
        ii. If you are setting up a local connection, browse to the file path of the connection.



iii. If you are setting up a SQL Server connection, click the dropdown arrow and choose **SQL Server**.

iv. Fill in the **Server Address**, **Port**, **Username**, and **Password** as appropriate.



v. Click **OK** when you are finished.

b. **Save Connection Settings (only available when using SQL Server):**

i. Click on the **File** menu and choose **Save Connection Settings**.

ii. Browse to the location that you want to save the "Intelicode Connection File" (.tsicn).

iii. Type in a file name.

iv. Click **Save** to save the file.

c. **Load Connection Settings:**

i. Click on the **File** menu and choose **Load Connection Settings**.

ii. Browse to the location that has the "Intelicode Connection File" (.tsicn) that you are looking for.

iii. Select the file with a (.tsicn) extension and click **Open**

4. **Manage Offices:**

   a. **Create Office:**

      i. Click the **Create Office** button on the **Manage Offices** tab. The "Office Management" screen comes up.

      ii. Fill in the appropriate information.

      iii. Click **OK** when finished.

   b. **Load Office:**

      i. Click the **Load Office** button on the **Manage Offices** tab.

      ii. Browse to the location that has the "Intelicode Office File" (.tsi) that you are looking for.

      iii. Select the file and click **Open**.

   c. **Rename Office:**

      i. Select from the list the office that you wish to rename. (You can also change the address and other information.)

      ii. Click the **Rename Office** button on the **Manage Offices** tab. The "Office Management" screen appears with the current information filled in.

      iii. Change the **Office Name** or any of the other fields.

      iv. Click **OK** when finished.

   d. **Delete Office:**

      i. Select from the list the office that you wish to delete.

      ii. Click the **Delete Office** button on the **Manage Offices** tab. A "Deleting Office" alert appears.

      iii. Click **Yes** if you indeed wish to delete the office.

5. **Manage Permissions:**

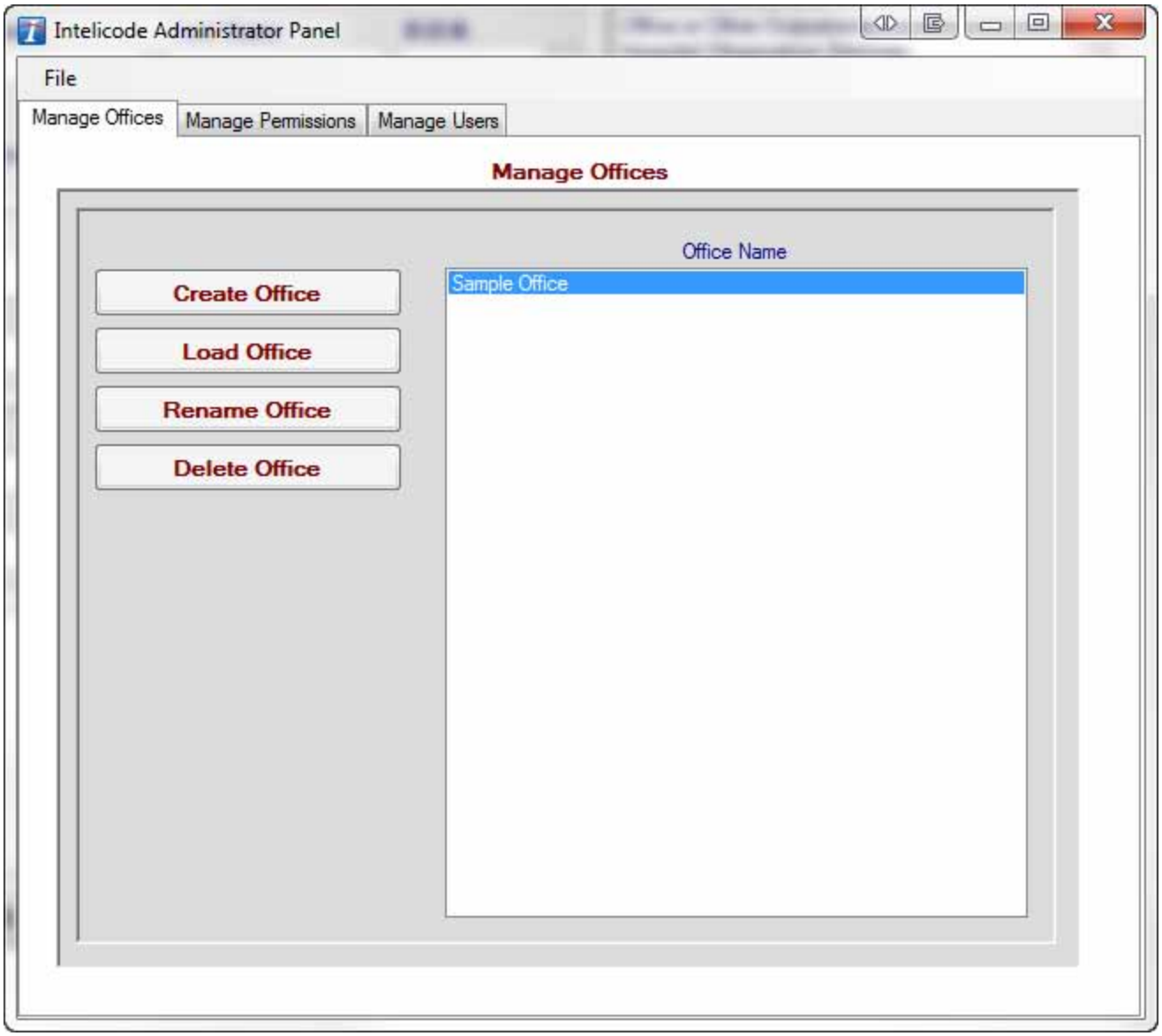
   a. **User Permissions:**

      i. To create a custom level of permissions, click on **Custom** and check the appropriate permission settings.

   b. **Password Settings:**

      i. To set the number of minimum characters for a user's password, click on the dropdown box just under the **Minimum Characters** heading and select the desired number.

      ii. To set the number of maximum characters for a user's password, click on the dropdown box just under the **Maximum Characters** heading and select the desired number.



iii. To require the user to change his/her password after a set amount of time, click on the dropdown box after it says **Change Every...** and select the desired number of days.

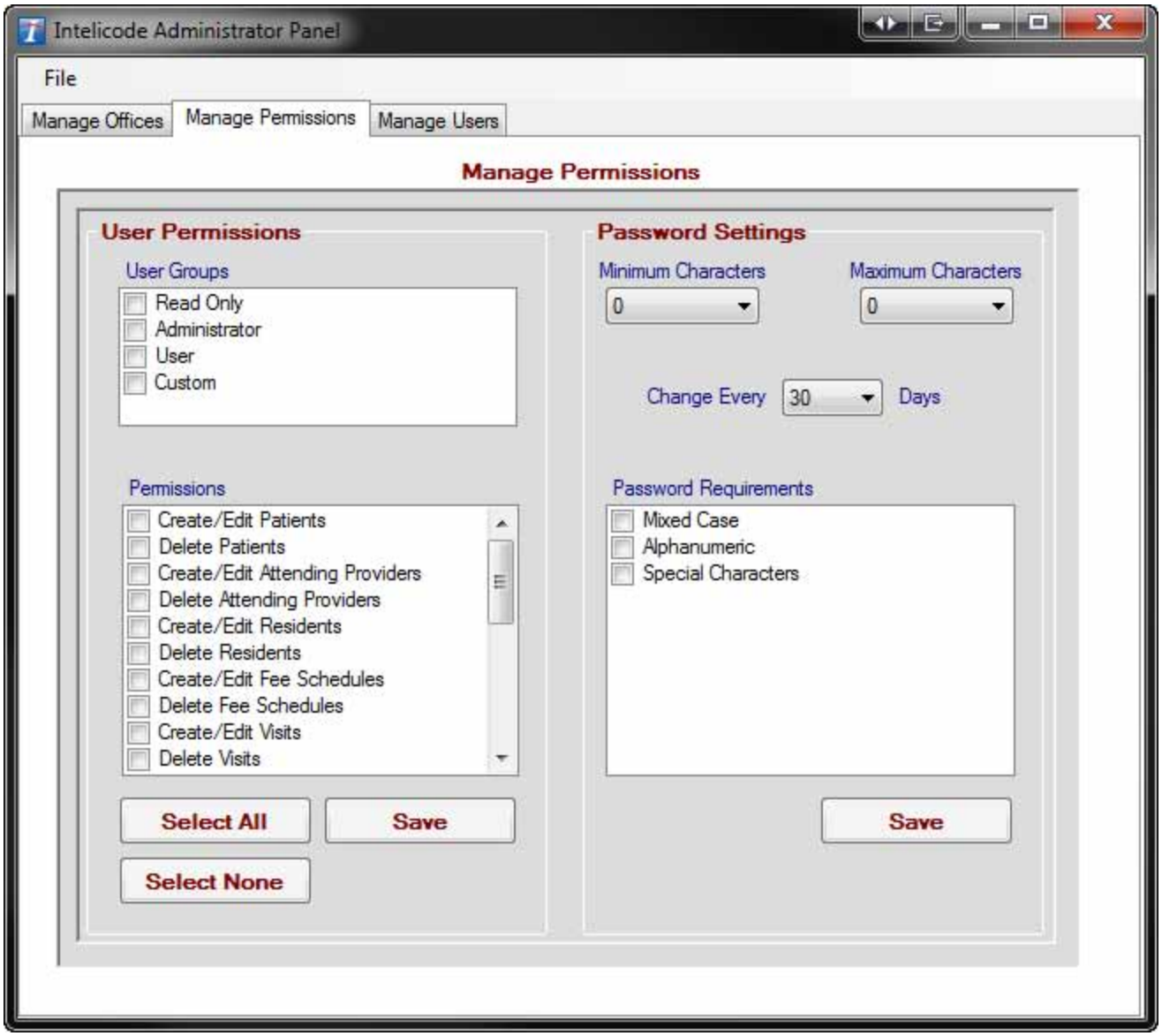
iv. To require the user to have at least one uppercase character and at least one lowercase character in his/her password, check **Mixed Case**.

v. To require the user to have at least one letter and at least one number in his/her password, check **Alphanumeric**.

vi. To require the user to have at least one "special character" (ie. !@#$% ^*) in his/her password, check **Special Characters**.

6. Manage Users:

a. Create New User:



i. To create a new user, click on the **New User** button. The information is now blank. Fill in the appropriate information.

ii. To delete existing users(s), select the user(s) from the **Users** list that you wish to delete. Click on the **Delete User(s)** button. Confirm if you indeed wish to delete the user(s).

iii. To alter a user's settings, select the user from the **Users** list whose settings you wish to alter. Make the necessary changes to the information.

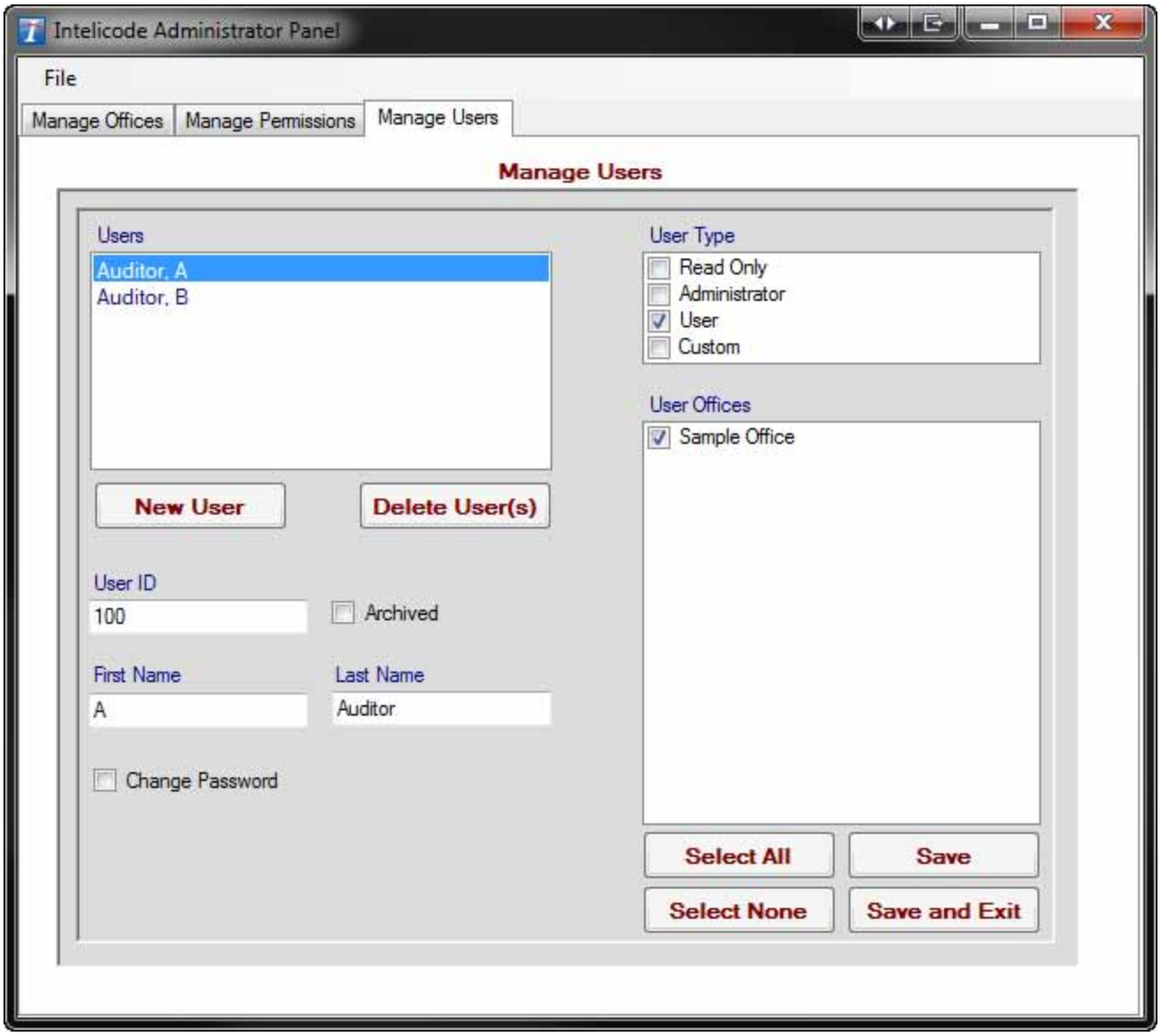
iv. To set or change the user's password, check the **Change Password** checkbox.

v. To set a user's permission settings, select the user from the **Users** list, then check the box under the **User Type** heading that represents the permission level you would like this user to have.

vi. To designate which office(s) will be available to a particular user, select the user from the **Users** list, then check the appropriate offices under the **User Offices** heading.

vii. You may save your changes at any time in the process by clicking the **Save** button.

viii. To save your changes and exit the **Administrator Panel** in one click, click the **Save and Exit** button.



Need Additional Help?

- **Troubleshooting** - In the near future, there will be a "Troubleshooting" page that will help you to answer the most common questions and solve the most common problems.

- **Technical Support** - Call technical support at 1-800-786-4231. Our business hours are from 9am-5pm (EST), Monday-Friday.

Walk Through

Step One

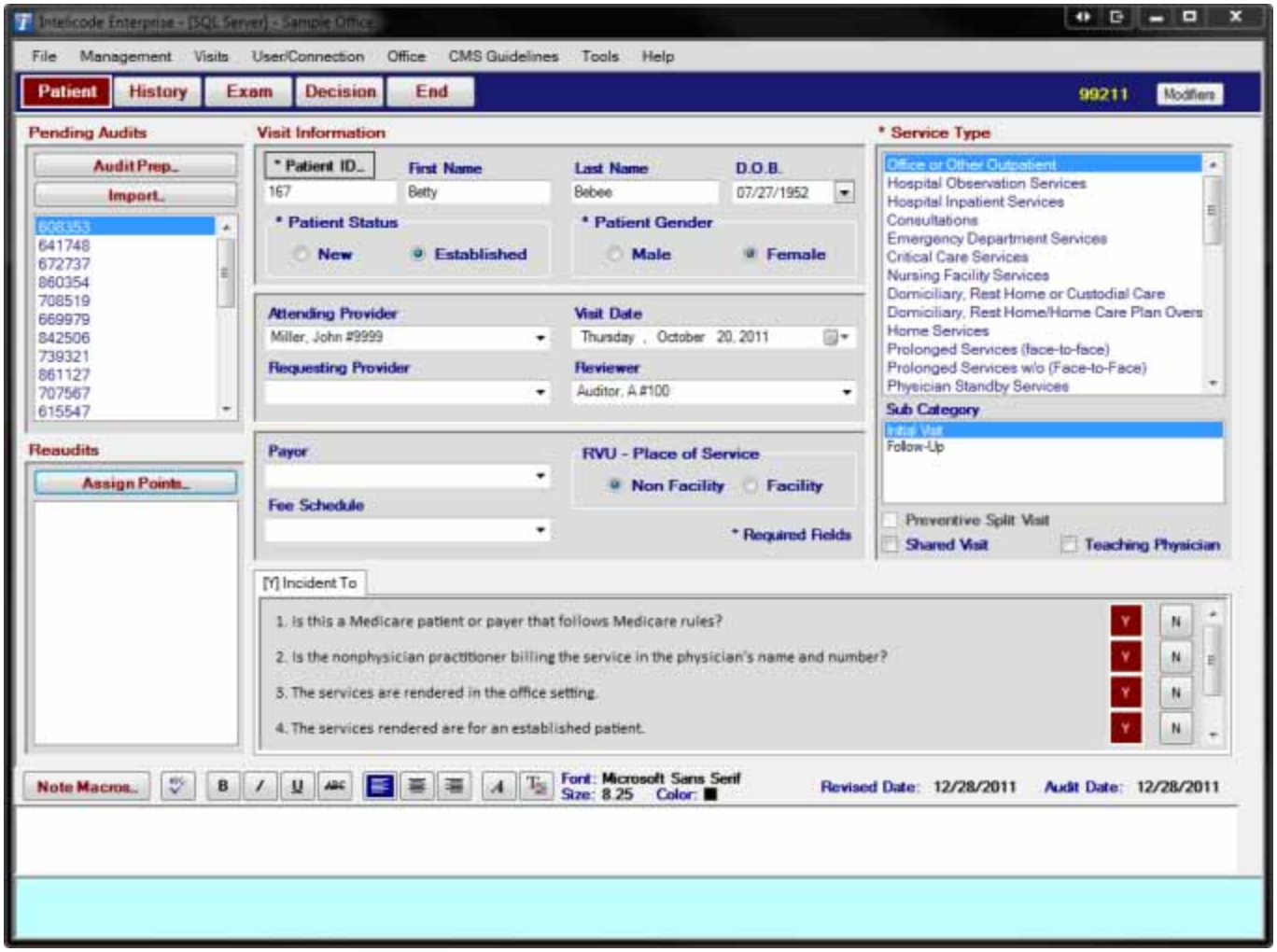
This topic will show you a walk through of INTELICODE® 11 as we go through an audit, step by step. Once you have opened your Intelicode program and logged in as a user, you will see a blank **Patient** screen. Please note that the field names followed by an asterisk (*) are required fields.

Patient Screen

1. To begin an audit, in the **Patient ID*** field, you must enter a number by which you can identify the patient (i.e. medical record number, account number, etc.). The Patient ID we have entered for our audit (see below) is "167".
2. The **First Name** and **Last Name** fields can then be completed with the patient's name. Completion of the **First Name** and **Last Name** fields is not required to complete an audit. Any names entered in these fields will appear on reports exactly as they are entered here. The patient First Name and Last Name we have entered for our audit is "Betty" and "Bebee".
3. The **D.O.B.** (Date of Birth) field is only required for those services that are age-driven, such as "Preventive Medicine Services". If a date of birth is entered, enter it in the MM/DD/YYYY format. You may also enter the date of birth by clicking on the drop down arrow and selecting the date from the calendar display. The patient D.O.B. we have entered for our audit (see below) is 07/27/1952.
4. Choose the **Patient Status*** to indicate if the patient is new or established. The Patient Status we entered for our audit (see below) is "Established".
5. Choose the patient's **Gender**. The patient Gender we entered for our audit (see below) is "Female".
6. Select the **Attending Provider** (physician performing the visit) for the encounter being audited. If the attending provider is not listed, select **Add New Provider** from the drop down list. See Attending Providers for help. The Attending Provider we entered for our audit (see below) is "Miller, John #9999".
7. Enter the **Visit Date** (the date of service) by entering the date in MM/DD/YYYY format, or by clicking on the drop down arrow and selecting the appropriate date from the calendar display.
8. Enter the **Requesting Provider** as necessary in relation to the services being provided. If the requesting provider is not listed, select **Add New Requester** to add the provider to the database. See Requesting Providers for help. We did not enter a Requesting Provider for our audit (see below) since the service type was "Office or Other Outpatient".
9. Select the appropriate **Service Type** (i.e. office visit, consult, etc.) for the encounter being audited. Next, select the appropriate service **Sub Category** (i.e. initial visit, office consultations, initial hospital care, etc.). The Service Type we entered for our audit (see below) is "Office or Other Outpatient, and the service sub category we entered was "Initial Visit".

Note: if Service Type **Consultations** is selected, the **Consult Verification** questions must be answered to continue with the audit.

10. Select the **Payor** for the encounter being audited. If the payor is not listed, select **Add Payor** to add the payor to the database. See the Payor Maintenance page for help.
11. Select the **Fee Schedule** for the encounter being audited. If the fee schedule is not listed, select **Add Fee Schedule** to add the fee schedule to the database. See the Fee Schedule Maintenance page for help.
12. Choose whether the **RVU - Place of Service** was a "Non Facility" or a "Facility" by clicking on the appropriate selection.

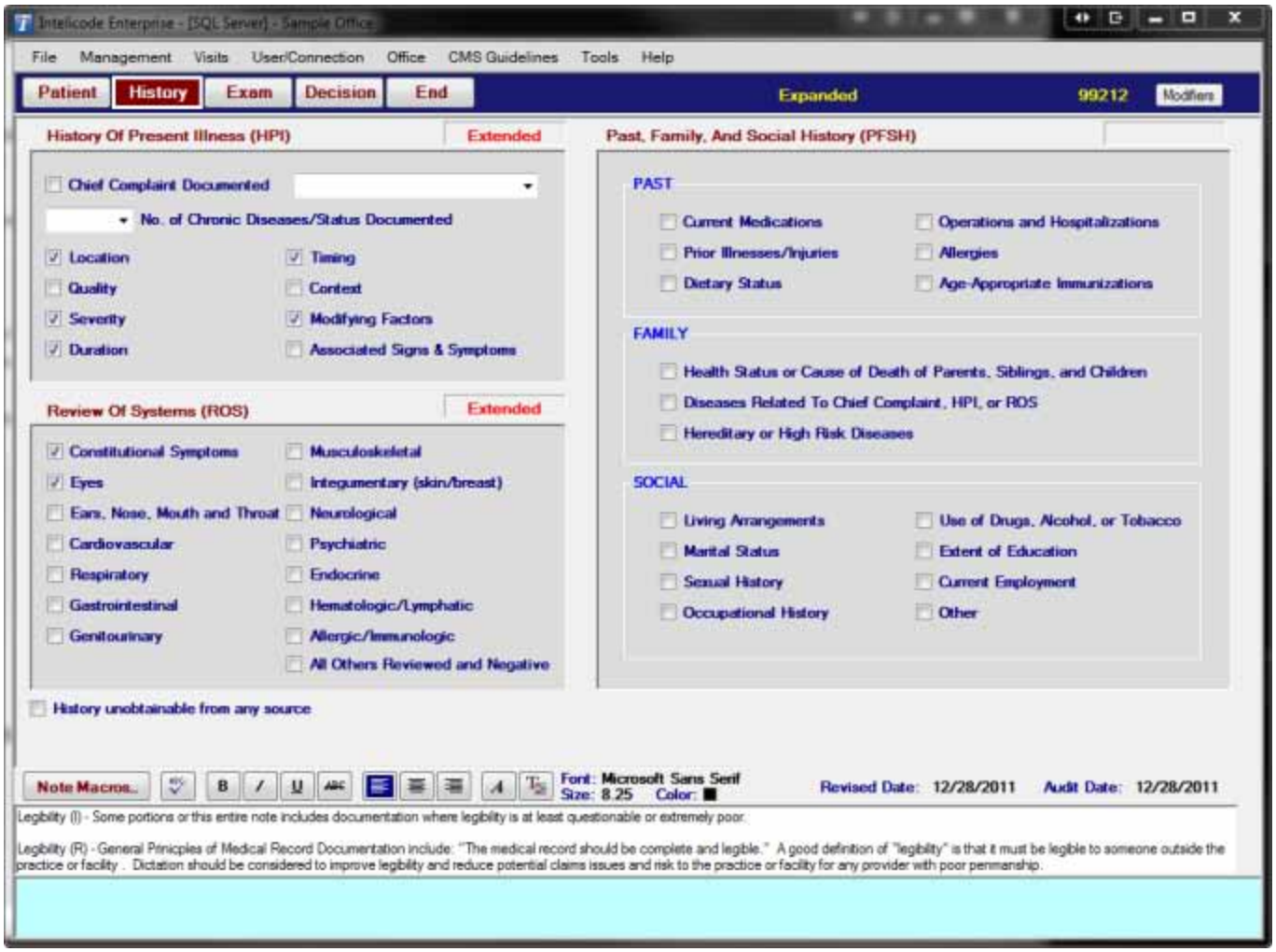


Step Two

History Screen

1. Begin the **History** screen by indicating the presence of a **Chief Complaint** by checking the box next to the **Chief Complaint Documented** heading.

2. Select a **Chief Complaint** from the dropdown list to the right or type it in if the desired text is not available in the list.
3. Select the number of Chronic Diseases from the dropdown list just below the Chief Complaint line.
4. To enter the documented **History of Present Illness (HPI)** elements for the encounter you are auditing, simply click the appropriate "HPI" elements and the respective check box will be checked. We checked the box for "Chief Complaint Documented" box and checked off "Location", "Quality", "Duration", "Context", and "Modifying Factors" for our audit (see below). Also, notice the level of HPI displayed in red font in the upper right corner of the HPI section. We entered five elements giving us an **Extended** HPI.
5. To enter the documented **Review of Systems (ROS)** elements for the encounter you are auditing, simply click the appropriate "ROS" elements and the respective check box will be checked. We checked off "Constitutional Symptoms" and "Integumentary" for our audit (see below). Also notice the level of ROS displayed in the upper right corner of the ROS section. We entered two ROS elements giving us an **Extended ROS.**
6. To enter the documented **Past, Family, and Social History (PFSH)** elements for the encounter you are auditing, simply click the appropriate "PFSH" elements and the respective check box will be checked. We have not checked off any PFSH elements; therefore, we do not have a PFSH level.
7. As we check the various History elements on this screen, Intelicode is calculating the level of History. The level of History is displayed at the top of the screen. The history elements we entered for our audit produced an **Expanded** History Level as seen in the example image below.

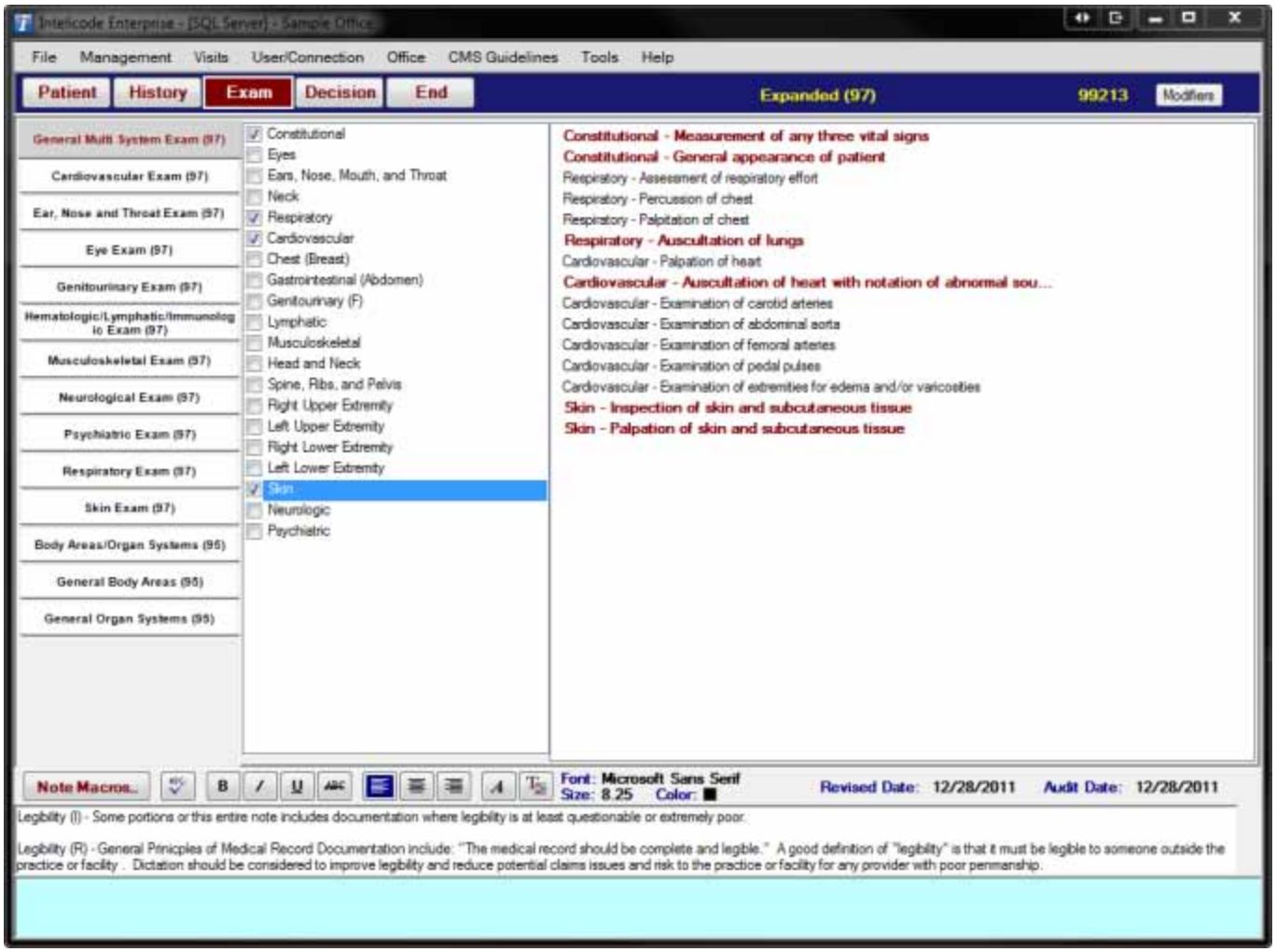


Step Three

Exam Screen

1. Select the **Exam Type** (General Multi-System (97), Cardivascular Exam, Eye Exam, etc.) from the column on the left side of the screen.
2. For a **1997 Exam**, the exam system areas are now displayed in a second column just to the right.
    a. To select the documented examination elements, click on the appropriate body areas/organ systems to check the check boxes.
    b. Once the appropriate check boxes have been selected, the corresponding examination elements will appear on the right side of the screen.
    c. Select the desired individual examination elements by clicking on the element listed on the right side of the screen. Once the element has been selected, the font will change to maroon.
    d. To unselect an element, simply click it again and the font will return to black.

3. For a **1995 Exam**, once the desired 1995 examination is selected in the column on the left side of the screen, the examination body areas/organ systems elements will appear on the right side of the screen.
    a. To select the desired individual examination elements, click on the element listed on the right side of the screen. Once the element has been selected, the font will change to maroon.
4. We chose the 1997 General Multi-System Examination and then selected "Constitutional" for our audit (see image below).
5. Within "Constitutional", we selected "Measurement of any three vital signs" and "General appearance of patient".
6. We also selected under "Respiratory", "Auscultation of lungs" and under "Cardiovascular", "Auscultation of heart with notation of abnormal sounds and murmurs".
7. Lastly, we chose "Skin" with the individual elements being "Inspection of skin and subcutaneous tissue" and "Palpatation of skin and subcutaneous tissue".
8. So, we selected a total of six examination elements. As we select the varous examination elements on the **Exam**, Intelicode® is calculating the **Level of Examination**. The **Level of Examination** is displayed at the top of the screen. The Examination elements we have entered for our audit have produced an **Expanded (97) Examination** as seen in the example image below.


File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Expanded (97)
99213
Modifiers
General Multi System Exam (97)
Cardiovascular Exam (97)
Ear, Nose and Throat Exam (97)
Eye Exam (97)
Genitourinary Exam (97)
Hematologic/Lymphatic/Immunolog ic Exam (97)
Musculoskeletal Exam (97)
Neurological Exam (97)
Psychiatric Exam (97)
Respiratory Exam (97)
Skin Exam (97)
Body Areas/Organ Systems (95)
General Body Areas (95)
General Organ Systems (95)
Constitutional
Eyes
Ears, Nose, Mouth, and Throat
Neck
Respiratory
Cardiovascular
Chest (Breast)
Gastrointestinal (Abdomen)
Genitourinary (F)
Lymphatic
Musculoskeletal
Head and Neck
Spine, Ribs, and Pelvis
Right Upper Extremity
Left Upper Extremity
Right Lower Extremity
Left Lower Extremity
Skin
Neurologic
Psychiatric
Constitutional - Measurement of any three vital signs
Constitutional - General appearance of patient
Respiratory - Assessment of respiratory effort
Respiratory - Percussion of chest
Respiratory - Palpitation of chest
Respiratory - Auscultation of lungs
Cardiovascular - Palpation of heart
Cardiovascular - Auscultation of heart with notation of abnormal sou...
Cardiovascular - Examination of carotid arteries
Cardiovascular - Examination of abdominal aorta
Cardiovascular - Examination of femoral arteries
Cardiovascular - Examination of pedal pulses
Cardiovascular - Examination of extremities for edema and/or varicosities
Skin - Inspection of skin and subcutaneous tissue
Skin - Palpation of skin and subcutaneous tissue
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 12/28/2011
Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

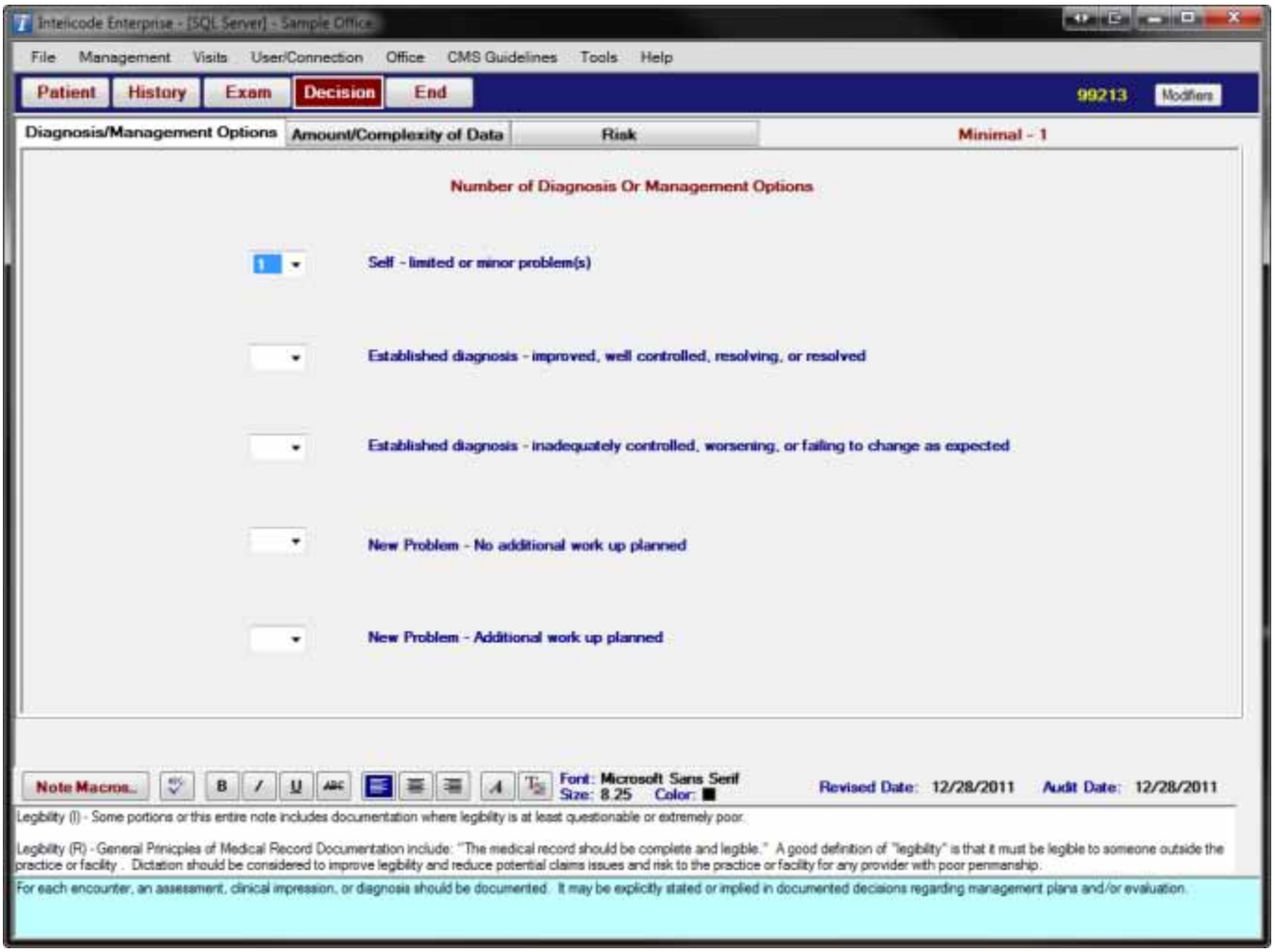
Step Four

Decision Screen

The **Decision** screen is divided into three tabs: **Diagnosis/Management Options**, **Amount/Complexity of Data**, and **Risk**. Each tab displays the information respective to the tab name. Intelicode® will calculate the level of each tab as the information is entered.

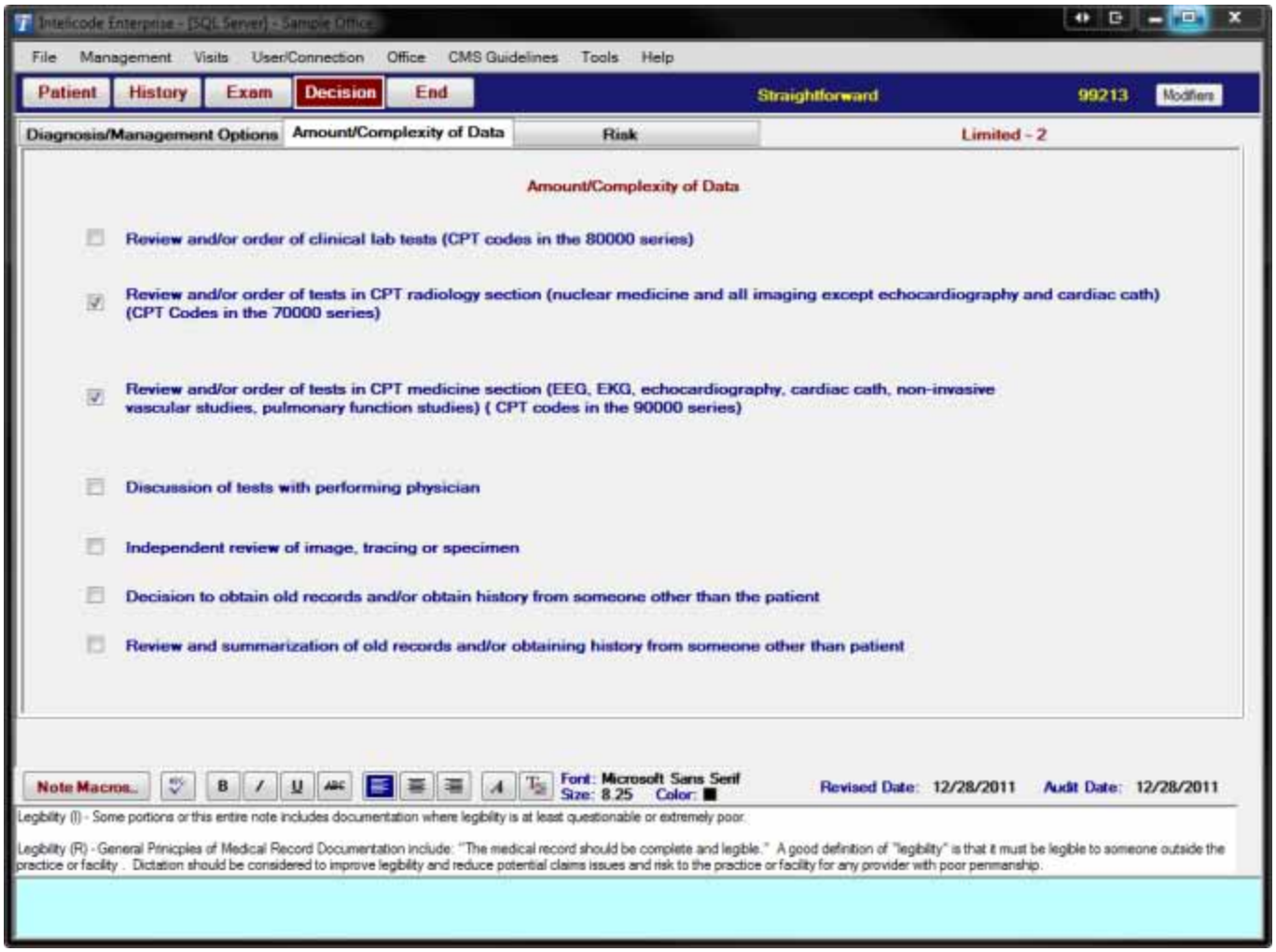
1. **Diagnosis/Management Options**
    a. This tab displays the **Number of Diagnosis or Management Options** section of the **Document Guidelines** (both 1995 and 1997).
    b. Each statement is preceded by a blank box with a drop down arrow.
    c. Choose the appropriate number(s) for the encounter being audited by clicking the drop down arrow next to the desired statement and selecting the number of applicable diagnoses.

d. For our audit (see image below), we entered "1 Self - limited or minor problem."


Intelicode Enterprise - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Minimal - 1
Number of Diagnosis Or Management Options
1
Self - limited or minor problem(s)
Established diagnosis - improved, well controlled, resolving, or resolved
Established diagnosis - inadequately controlled, worsening, or failing to change as expected
New Problem - No additional work up planned
New Problem - Additional work up planned
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25
Color:
Revised Date: 12/28/2011
Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.
For each encounter, an assessment, clinical impression, or diagnosis should be documented. It may be explicitly stated or implied in documented decisions regarding management plans and/or evaluation.

2. **Amount/Complexity of Data**
    a. This tab displays the **Amount and Complexity of Data Options** section of the **Document Guidelines** (both 1995 and 1997).
    b. Each statement is preceded by a checkbox
    c. To choose the appropriate statement(s) for the encounter being audited, simply click on the text or the check box itself to select it.
    d. To unselect a statement, simply click on the text or check box again and the check will disappear.
    e. For our audit (see image below), we checked the box for "Review and/or order of tests in CPT radiology section...(CPT codes in the 70000 series)" and "Review and/or order of tests in CPT medicine section...(CPT codes in the 90000 series.

3. **Risk**


File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Straightforward
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Limited - 2
Amount/Complexity of Data
Review and/or order of clinical lab tests (CPT codes in the 80000 series)
Review and/or order of tests in CPT radiology section (nuclear medicine and all imaging except echocardiography and cardiac cath) (CPT Codes in the 70000 series)
Review and/or order of tests in CPT medicine section (EEG, EKG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies) (CPT codes in the 90000 series)
Discussion of tests with performing physician
Independent review of image, tracing or specimen
Decision to obtain old records and/or obtain history from someone other than the patient
Review and summarization of old records and/or obtaining history from someone other than patient
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 12/28/2011
Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

a. This tab is further divided into three sections representing the three columns of the **Risk** table: **Presenting Problem**, **Diagnostic Procedure(s) Ordered**, and **Management Option(s) Selected**

b. Each section lists the elements as they appear on the **Risk** table from the **Documentation Guidelines** (both 1995 and 1997). Also included are any risk elements that were added to the **Risk Elements** tab on the **Management** screen.

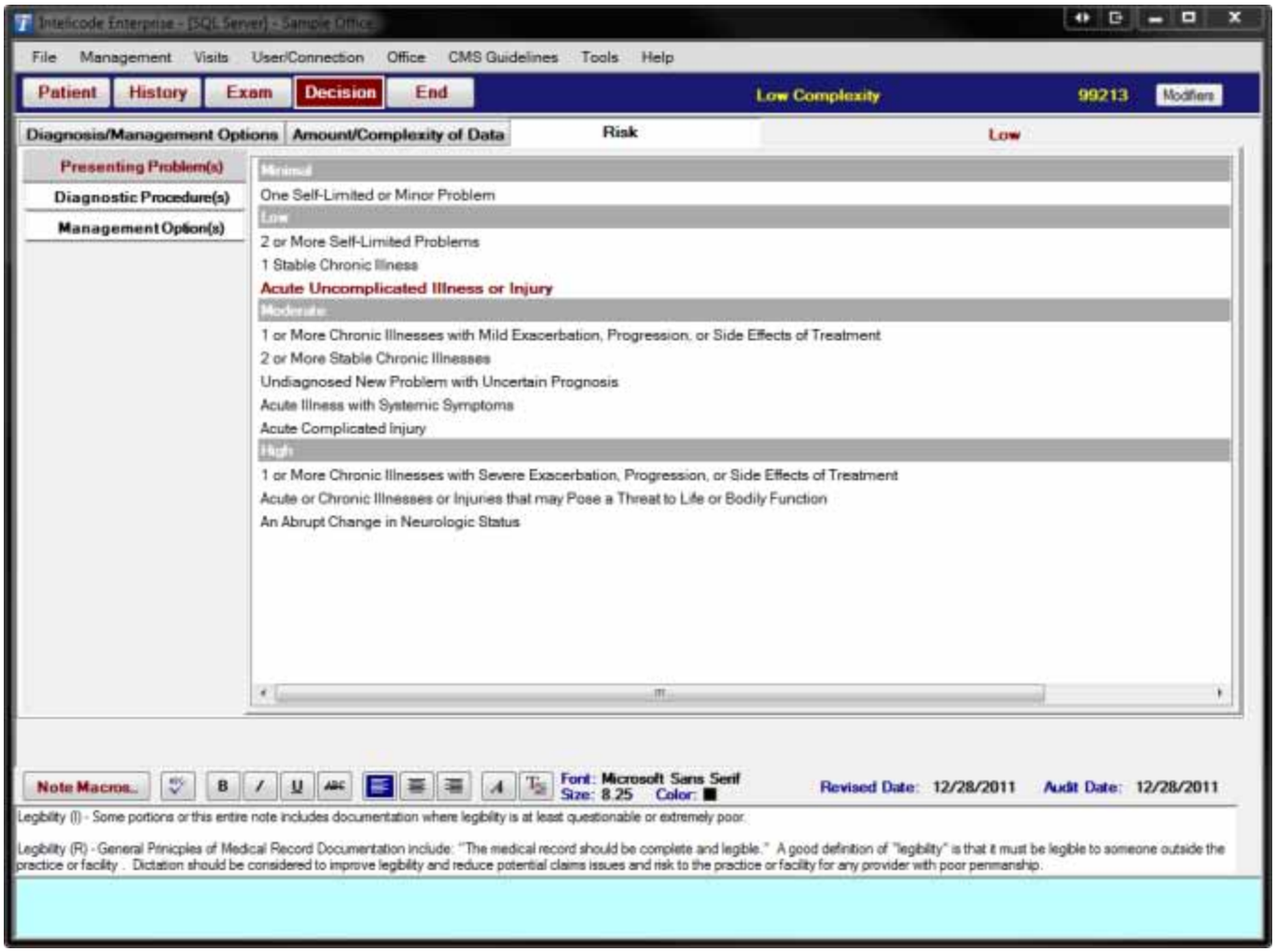
c. To select elements from each section, simply click on the risk statement itself. The text for the selected elements will turn maroon.

d. To unselect any element, simply click on it again and it will return to a black text.

e. Intelicode will calculate the highest level of risk from all three of the **Risk** sections.

f. For our audit (see images below), in the **Presenting Problem** section, we choose the "Acute uncomplicated illness or injury" option.

Intelicode will calculate the level of **Medical Decision Making (MDM)** by compiling the information from all of the tabs on the **Decision** screen. The level of overall MDM will be displayed at the top of the screen as shown in the example image below. The Decision elements we have entered for our audit produce a "Low Complexity" MDM.


File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Low Complexity
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Low
Presenting Problem(s)
Diagnostic Procedure(s)
Management Option(s)
Minimal
One Self-Limited or Minor Problem
Low
2 or More Self-Limited Problems
1 Stable Chronic Illness
Acute Uncomplicated Illness or Injury
Moderate
1 or More Chronic Illnesses with Mild Exacerbation, Progression, or Side Effects of Treatment
2 or More Stable Chronic Illnesses
Undiagnosed New Problem with Uncertain Prognosis
Acute Illness with Systemic Symptoms
Acute Complicated Injury
High
1 or More Chronic Illnesses with Severe Exacerbation, Progression, or Side Effects of Treatment
Acute or Chronic Illnesses or Injuries that may Pose a Threat to Life or Bodily Function
An Abrupt Change in Neurologic Status
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 12/28/2011 Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Step Five

End Screen

The **End** screen displays a cumulative total of all information entered up to this point in the audit. It is advisable to check the information entered thus far to ensure accuracy.

1. The **Visit Information** section displays a summary of the information entered on the previous screens.
2. The **Comparison** section is where you can enter in **Face-to-Face** and **Counseling** times. The **Comparison** section displays the **Reviewer E & M** (audited code) and the **Provider E & M** (code billed by the provider). It also displays the **Fee Schedule**

(if any) used and the total difference in dollars and the level of variance from the audited code.

i. The **Time section** may be utilized for those situations where time is documented for an encounter.

   a. Both the **Face-to-Face** time and the **Counseling** times must be entered for this function to calculate properly.

   b. Click on the text box and type the appropriate time for each field.

   c. We entered in a **Face to Face** time of 45 minutes and a **Counseling** time of 30 minutes (see image below).

ii. To select the **Provider E & M**, simply scroll down the list of **E & M Codes** provided and click on the code billed by the provider being audited.

iii. Intelicode® will then do a comparison between the **Reviewer E & M** and the **Provider E & M** to produce a difference (if any) in the dollar amounts billed and the variance level.

iv. We chose the **Provider E & M** of 99214 for our audit (see image below).

v. The encounter was underbilled by "$20.73" and the **Variance** is "-1"

3. The **Note Macros** field gives the reviewer the ability to document specific information about an audit, encounter, documentation issue, etc.

   a. **Note Macros** can be developed (see Note Macro Maintenance for help) to insert in the **Notes** field or the reviewer may type their own text into the **Notes** field as desired.

   b. This aspect of Intelicode provides the reviewer with the ability to enhance their audit reporting without a lot of additional work.

   c. For our audit (see image below), we inserted a Note Macro we developed called "Legibility". We developed an Issue macro and a Recommendation macro.

   d. The **Issues** macro explains what the documentation issue is and the **Recommendation** macro gives the recommended steps to improve that issue.

4. The **Medical Necessity** questions allow the user to override the Reviewer E & M by setting the **Medical Decision Making Level** as the key component in determining the level of service.

   a. The first question determines whether or not you want to override the Reviewer E & M.

   b. If you answer the first question "No", the second question becomes available.

   c. The second question asks if you want to manually override the Reviewer E & M.

   d. If you answer "Yes", you are given a list from which you can select the desired code. The third question is not necessary.

   e. If you answer "No" to the second question, the third question becomes available.

   f. The third question asks if you want to base the Reviewer E & M on the MDM.

g. If you answer "Yes" to the third question, the Reviewer E & M changes accordingly.

h. If you answer "No" to the third question, no change is made to the data.

i. If either the second or third question is "Yes", the program will place a "-DC" behind your CPT code identifying that the code has been determined by the **Medical Decision Making Level** of service.

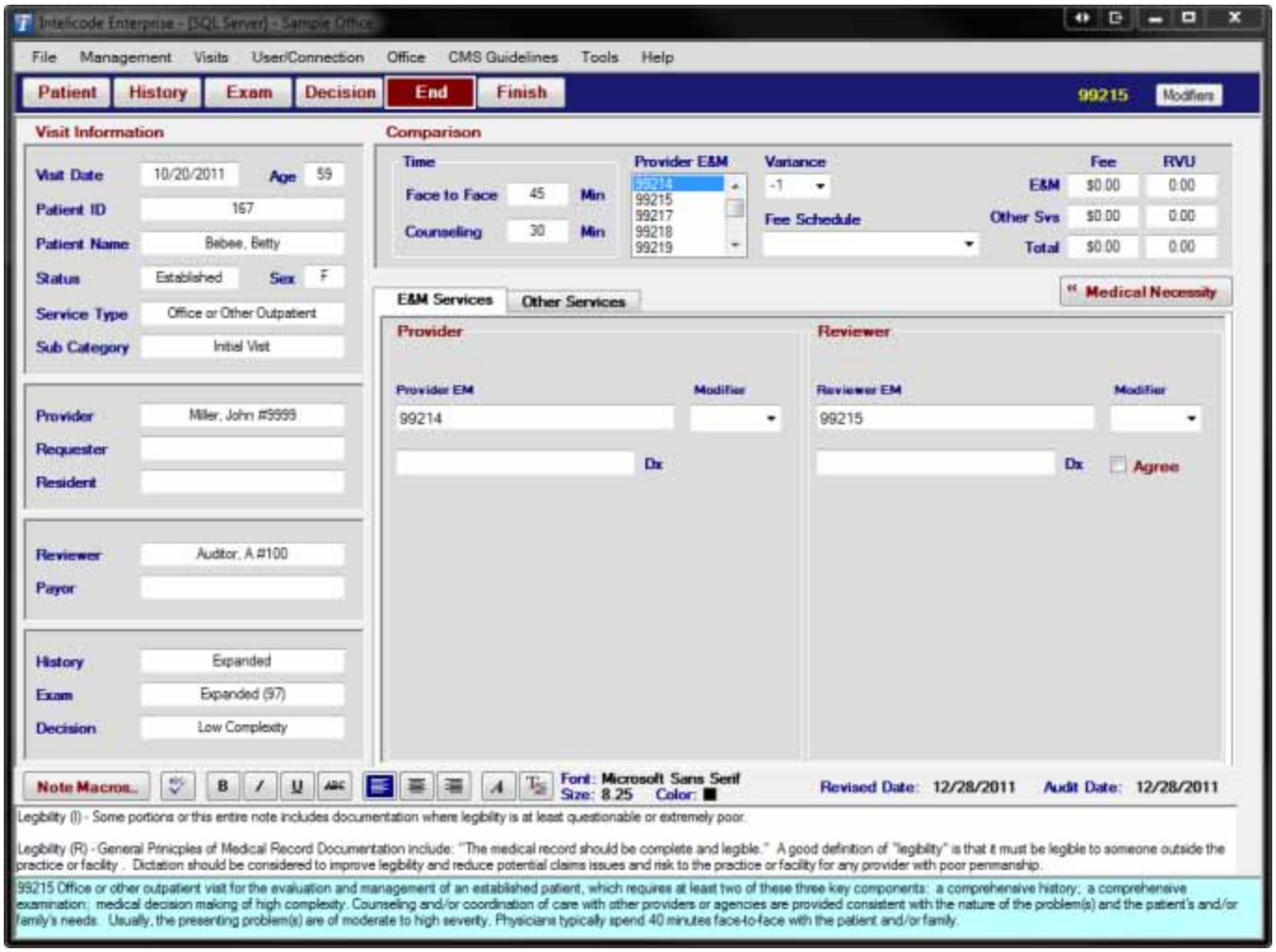
5. **Diagnosis Codes/Procedure Codes**

a. The **Agree** check boxes will set the Reviewer E & M code to be equal to the Provider E & M code.

b. Any modifiers that need to be added can be done with the drop down arrows on the right side of each Procedure Code.

c. When a modifier is added, it appears below next to a blue oval.

d. To delete a modifier, click on the blue oval.


File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End Finish
99215 Modifiers
Visit Information
Visit Date 10/20/2011 Age 59
Patient ID 167
Patient Name Bebee, Betty
Status Established Sex F
Service Type Office or Other Outpatient
Sub Category Initial Visit
Provider Miller, John #9999
Requester
Resident
Reviewer Auditor, A #100
Payor
History Expanded
Exam Expanded (97)
Decision Low Complexity
Comparison
Time
Face to Face 45 Min
Counseling 30 Min
Provider E&M
99214
99215
99217
99218
99219
Variance -1
Fee Schedule
Fee RVU
E&M $0.00 0.00
Other Svs $0.00 0.00
Total $0.00 0.00
E&M Services Other Services
Medical Necessity
Provider
Provider EM 99214 Modifier Dx
Reviewer
Reviewer EM 99215 Modifier Dx Agree
Note Macros..
Font: Microsoft Sans Serif Size: 8.25 Color:
Revised Date: 12/28/2011 Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.
99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

Step Six

Finish

Congratulations! You have completed your first Intelicode audit. Now you need to save your work.

1. Upon clicking the **Finish** button, the **Save Confirmation** screen will appear. Here you will select how you wish to handle your information.
2. When you select **Save and Print**, the encounter audit will be saved in the database and a **Report Options** window will appear from which you can print, view or export an **Encounter Detail Report**. If you do not have Microsoft Word installed on your machine, the **Send To Word**, **Send to PDF**, and **Email Report** options are disabled. If you do not have Microsoft Excel installed on your machine, the **Send To Excel** option is disabled.
3. When you select **Save and Don't Print**, the encounter audit will be saved in the database and no reports will be printed at this time.
4. When you select **Clear Visit (Do not Save)**, all data entered for this encounter will be lost and nothing will be printed. The user will be returned to a blank **Patient** screen upon selecting this option. This feature allows the user to audit an encounter for practice—or for whatever other reason—without saving the information to the database.
5. When you select **Cancel**, the **Save Confirmation** window disappears and the user is returned to the **End** screen with all the data that was entered intact. Keep in mind that at this point, your data for this encounter has not yet been saved. If you should exit out of the program at this point your data for this encounter will be lost. Be sure to save your data before exiting the program. (If you do attempt to exit without saving the visit, Intelicode will prompt you with an opportunity to save the visit before exiting.)

Step Seven

Generating and Printing Reports

Generating reports could arguably be the most valuable feature of Intelicode. Step Six showed you how you can print an Encounter Detail Report at the end of the audit. Intelicode does so much more in the way of reporting. See the Report Options or Management Reports help pages for details on how to get the most out of Intelicode's reporting capabilities.

Navigation

Patient Screen

This page describes the various elements of the **Patient Screen**.

1. **Patient ID -** This field is required to generate an audit. The Patient ID can be the patient's medical record number or any other unique number by which the auditor could identify the encounter being audited.
2. **First/Last Name -** Patient names are optional fields and are not required to generate an audit.
3. **D.O.B. -**
    a. This field is only required to generate an audit if the services are those that are dependent upon the age of the patient (e.g. preventive services).
    b. You can select the Date of Birth from a calendar by clicking on the arrow on the right side of the text box, or you can type it in.
4. **Patient Status -**
    a. This is the status of the patient during the encounter being audited.
    b. Intelicode will load all patients as new patients the first time they are entered into the software and will subsequently default existing patients (those already loaded into the software) as established patients for any additional encounters audited.
    c. This should be changed, if necessary for the encounter being audited.
5. **Patient Gender -** The gender of the patient can be selected by clicking on the circle next to the gender heading or by clicking on the appropriate text itself.
6. **Attending Provider -**
    a. This is the provider who rendered service for the encounter being audited.
    b. Attending Providers can be added all at one time on the Attending Providers screen or, they can be added "as needed" by clicking on the drop down arrow for the **Attending Provider** field.
    c. Next, click on the **Add Attending Provider** option. The **Attending Providers** screen will appear.
    d. You may also access the **Attending Providers** screen by clicking on the **Management** menu at the very top of your screen and then selecting **Attending Provider**.
7. **Visit Date -**
    a. Enter the date of service for the encounter being audited.
    b. This can be done by clicking on the **Month**, **Day**, or **Year** with your mouse cursor and changing the value.
    c. You can also click the drop down arrow to the right of the date which will display a calendar.

d. See the Miscellaneous Help page for help on the use of the calendar.

8. **Requesting Provider -**
   a. This is the provider who sent the patient to the attending provider--the requester of service for the encounter being audited.
   b. Requesting Providers can be added all at one time on the Requesting Providers screen or, they can be added "as needed" by clicking on the text box for the **Requesting Provider** field.
   c. Next, click on the **Add Requesting Provider** option. The **Requesting Providers** screen will appear.
   d. You may also access the **Requesting Providers** screen by clicking on the **Management** menu at the very top of your screen and then selecting **Requesting Provider**.
9. **Reviewer -**
   a. A Reviewer is required for each visit. The **Reviewer** is the individual performing the audit.
   b. Each individual performing audits should be assigned an individual **User ID** to maintain the most accurate audit data. In a new visit, the current reviewer is the **Reviewer** by default.
   c. If you wish to change the Reviewer, click on the text box for the **Reviewer** field and select the appropriate Reviewer.
10. **Payor -**
   a. The **Payor** is the entity responsible for payment.
   b. To choose a payor, click on the text box for the **Payor** field and select the appropriate payor.
   c. If the payor that you are looking for is not on the list, you will need to add the payor to the **Payor** table. You can do this by clicking on the text box for the **Payor** field and selecting **Add New Payor**. The **Payors** screen will appear where you can add a new payor.
   d. See the Payor Maintenance Help page for assistance with adding a payor.
11. **Fee Schedule -**
   a. The **Fee Schedule** is a table that shows and determines what the charge is for each CPT code.
   b. To choose a fee schedule, click on the text box for the **Fee Schedule** field and select the appropriate fee schedule.
   c. If the fee schedule that you are looking for is not on the list, you will need to add a new fee schedule to the **Fee Schedule** table. You can do this by clicking on the text box for the **Fee Schedule** field and selecting **Add New Fee Schedule**. The **Fee Schedule** screen will appear where you can add a new fee schedule.
   d. See the Fee Schedule Maintenance Help page for assistance with adding a fee schedule.
12. **RVU-Place of Service -**

a. The **RVU-Place of Service** field shows whether or not the service was provided at a Facility or Non Facility.

b. "Non Facility" is the default selection. If you wish to change it, simply do so by clicking on the text for **Non Facility** or **Facility** as appropriate.

13. **Service Type -**

a. Select the appropriate **Service Type** for the encounter being audited, based on the documentation. Once the service type is selected, the box just below the service types will be populated with any corresponding **Subcategory** types (i.e. for an "Office or Other Outpatient", the potential sub categories would be "Initial Visit" or "Follow-Up").

b. After selecting the appropriate **Service Type**, select the appropriate **Sub Category** below, if applicable. The sub category will be a determining factor of the overall code.

14. **Teaching Physician -**

a. This field will be accessible only in Intelicode P.A.T.H. to indicate whether a service is a teaching visit or not.

b. If the service being audited is a "teaching visit", click the text or the check box for the **Teaching Physician** field to add the **Teaching Physician** tab to the section just below and activate the Teaching Guidelines.

c. The **Teaching Physician** tab displays a field for the **Resident**'s name followed by a series of questions to determine if the encounter being audited meets the **Teaching Physician Guidelines** as issued by CMS.

d. The **Resident** field operates like the "Attending Provider" and "Requesting Provider" fields.

e. Simply click the drop down arrow in the field and choose the **Add New Resident** option. The **Residents** screen will appear. Fill in the necessary information, then click the **Save** and **Close** buttons.

f. The questions are answered by choosing the appropriate **Y** or **N** answer to each question.

g. Once the **Teaching Guidelines** have been met, a **GC** modifier will be displayed on the **Teaching Physician** tab.

h. An asterisk (*) will be displayed when the **Teaching Guidelines** have not been met.

Note: Teaching visits not meeting the **Teaching Guidelines** (Identified by *) will be displayed in the **TP** field on the **Visit Summaries** screen.

15. **Preventive Split Visit -**

a. This feature is only accessible when the **Preventive Medicine Services** service type is selected.

b. To audit a preventive split visit, click on the **Preventive Split Visit** text or checkbox. A **Split Visit** tab will appear in the box below with two questions to answer.

c. Upon saving the visit, you will be immediately directed to the patient screen where you can audit the second portion of the split visit.

16. **Shared Visit -**

    a. The **Shared Visit** field is available to audit a visit that involved a secondary provider.

    b. When this is the case, check the **Shared Visits** box by clicking on either the text or on the box itself. The **Shared Visit** tab will appear in the section just below.

    c. Choose the **Additional Provider** by clicking on the box next to this field and then clicking on the additional provider.

    d. Choose whether the provider for the visit that you are currently auditing is the **Primary Provider** or **Secondary Provider**.

17. **Incident To -** To answer questions regarding the "Incident To Requirements", see the **Incident To** tab toward the bottom of the screen.

18. **Audit Date -** This is the date that the audit took place. It is filled in automatically.

19. **Revised Date -** This is the last date that this audit was revised. It is also populated automatically.

20. **Notes -**

    a. This field allows the user to add his/her own comments (free text) about the encounter, or the documentation, etc. for future reference or educational opportunities.

    b. To add notes to this field, simply click in the white box just below the **Note Macros** button toward the bottom of the screen and begin typing.

    c. To change the appearance of your notes or to check your spelling, use the buttons available just above the **Note Macros** text box.

    d. The **Note Macros** button allows the reviewer to store specific notes for repetitive use in future audits. Using **Note Macros** can save the reviewer the time and effort of typing the same exact information over and over.

    e. For additional instructions on how to use the **Notes** section (which is available from many screens), see the Note Macros help page.

21. **Audit Prep -**

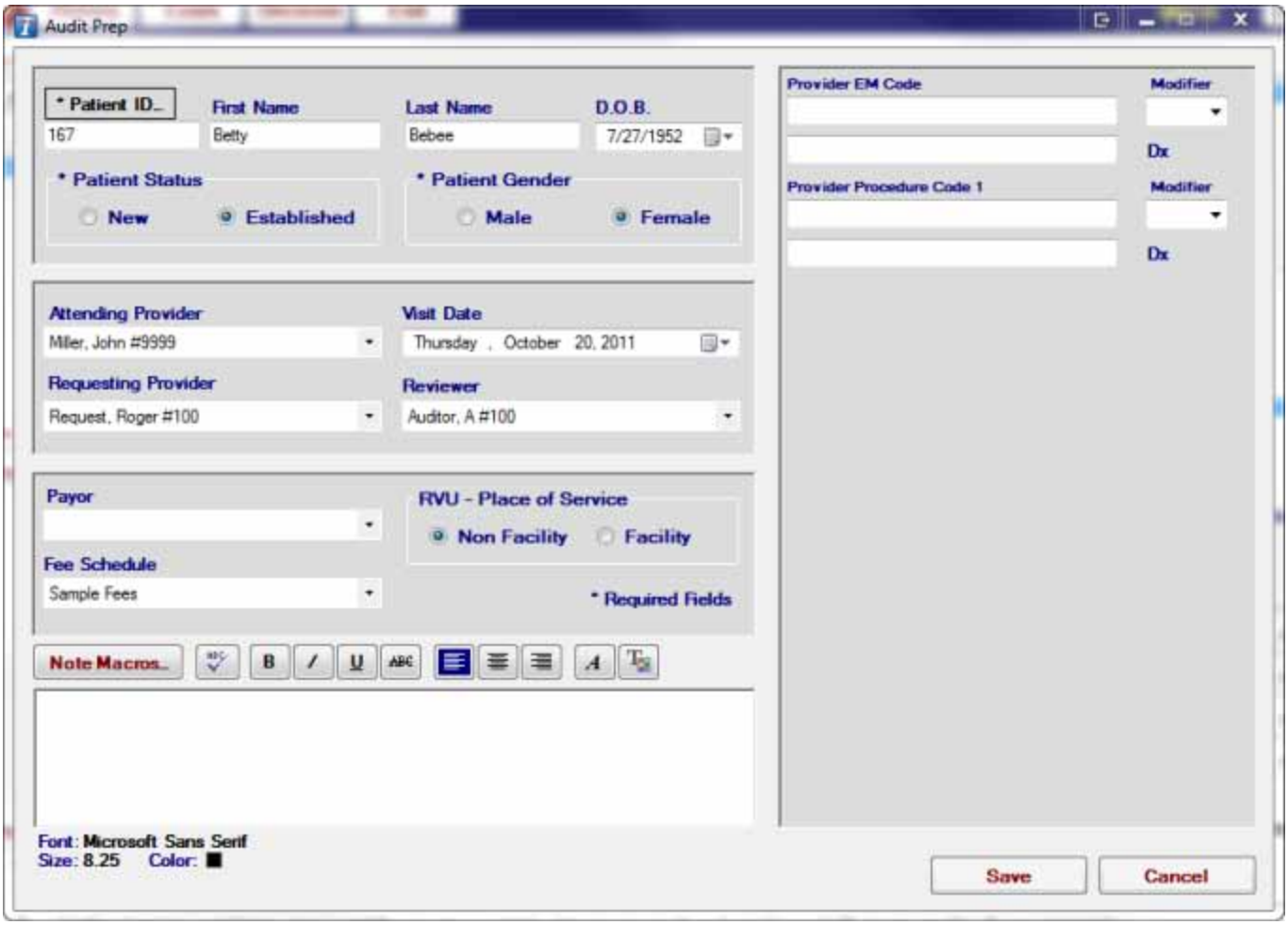
    a. If you want to "pre-enter" information to prepare for an upcoming audit, click on the **Audit Prep** button in the **Pending Audits** section toward the upper-left portion of the **Patient** screen.

    b. Fill in the desired information.

    c. Click **Save** to save the audit prep data. The **Pending Audits** box will show the audit prep data saved by Patient ID.

    d. Click **Cancel** to close the **Audit Prep** screen without saving any information.

    e. If you wish to import your audit prep data from a CSV (Comma Separated Values) file, click on the **Import** button and browse to the file, select the file, and click **Open**.



22. **Assign Points -**

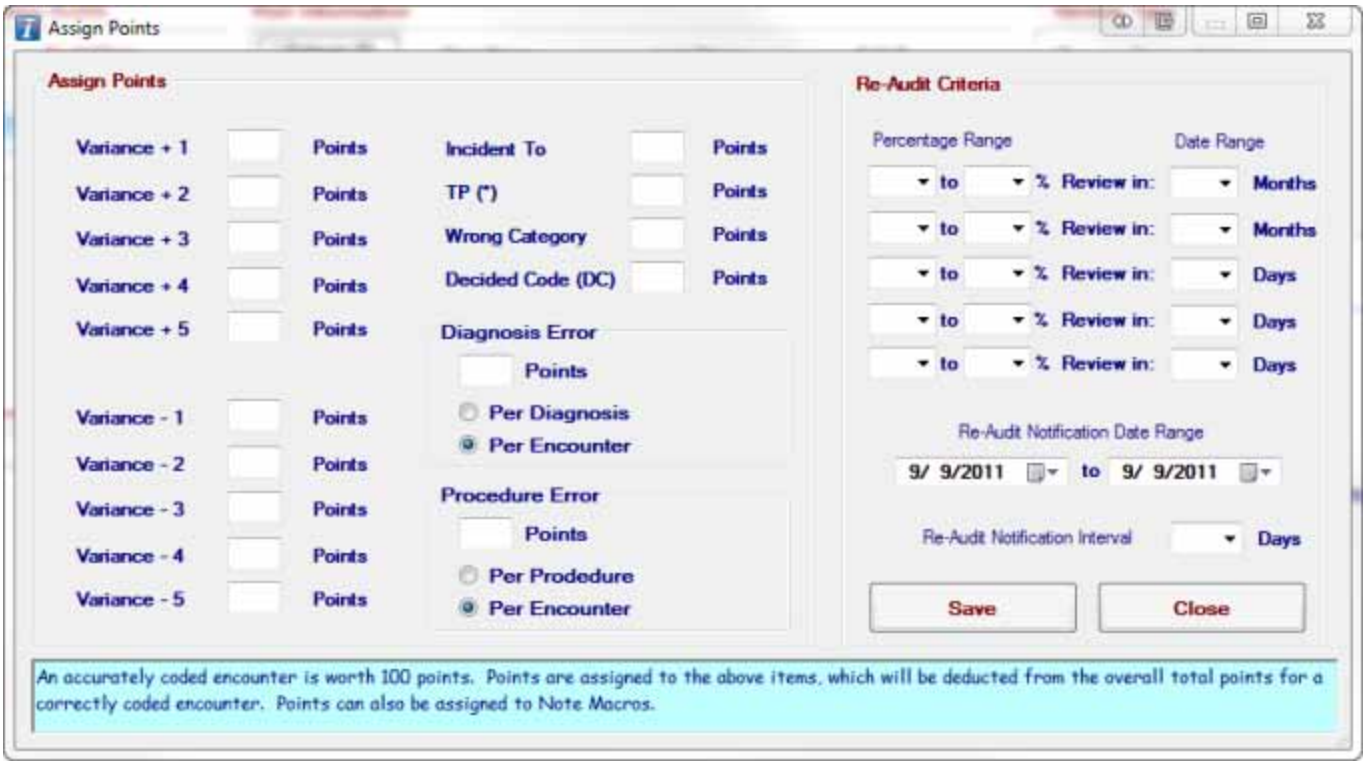
a. To **Assign Points** and to set **Re-Audit Criteria**, click on the **Assign Points** button in the **Re-Audits** section.

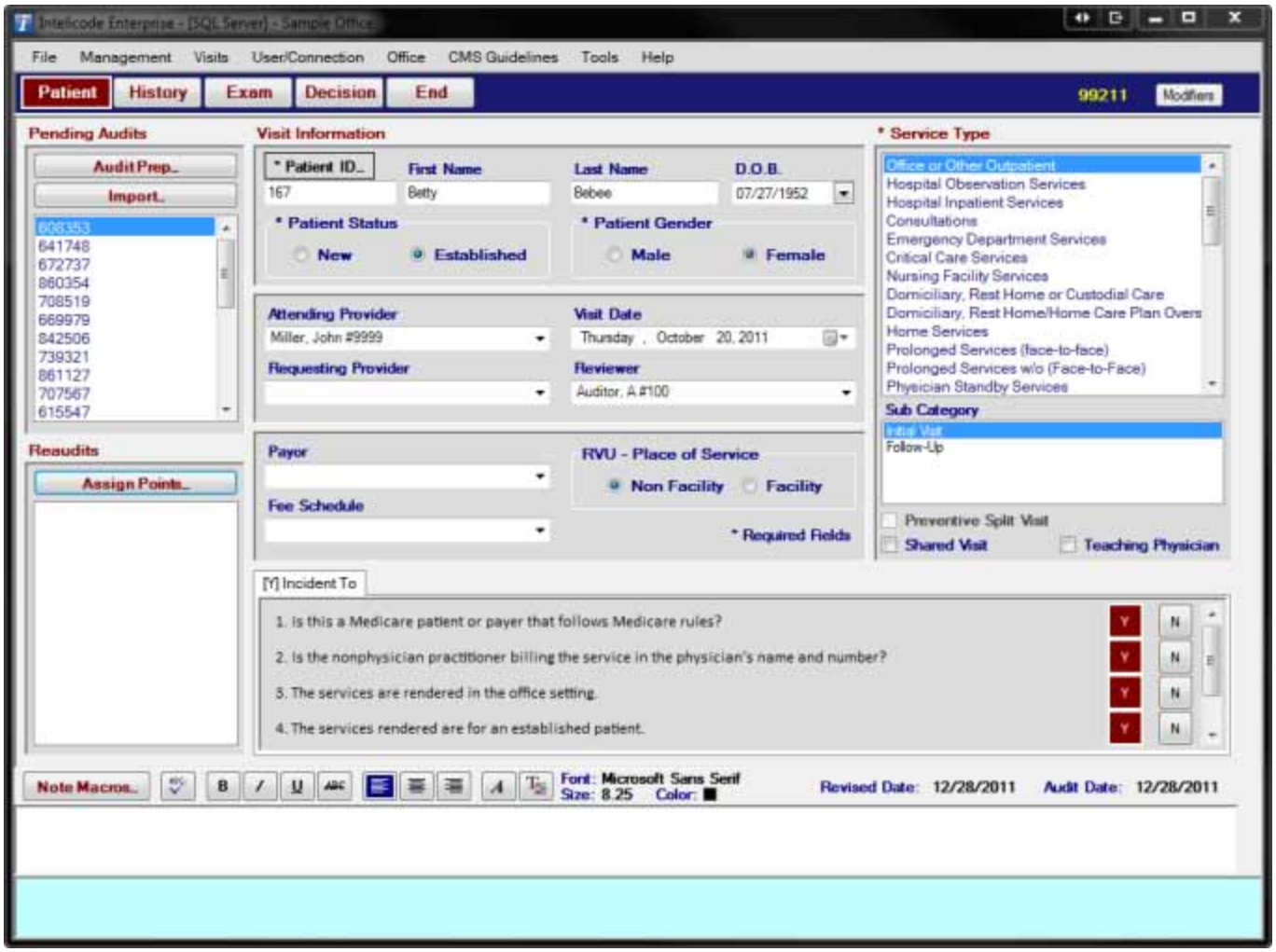
b. Enter the number of points to be deducted (from a perfect score of "100") for each item on the left side of the screen.

c. Then enter the **Re-Audit Criteria** by clicking on the appropriate dropdown arrows to select the percentage or click on the textbox itself and type in the percentage.

d. To select the dates between which you would run re-audit notification for, click on the dropdown arrows just below the **Re-Audit Notification Date Range** heading to select the dates from the calendar, or you can also type the dates in.

e. You can determine how often you would like the re-audit notification to occur. Click on the dropdown arrow just to the right of the **Re-Audit Notification Interval** heading to select the number of days or click on the textbox itself and type in the number.

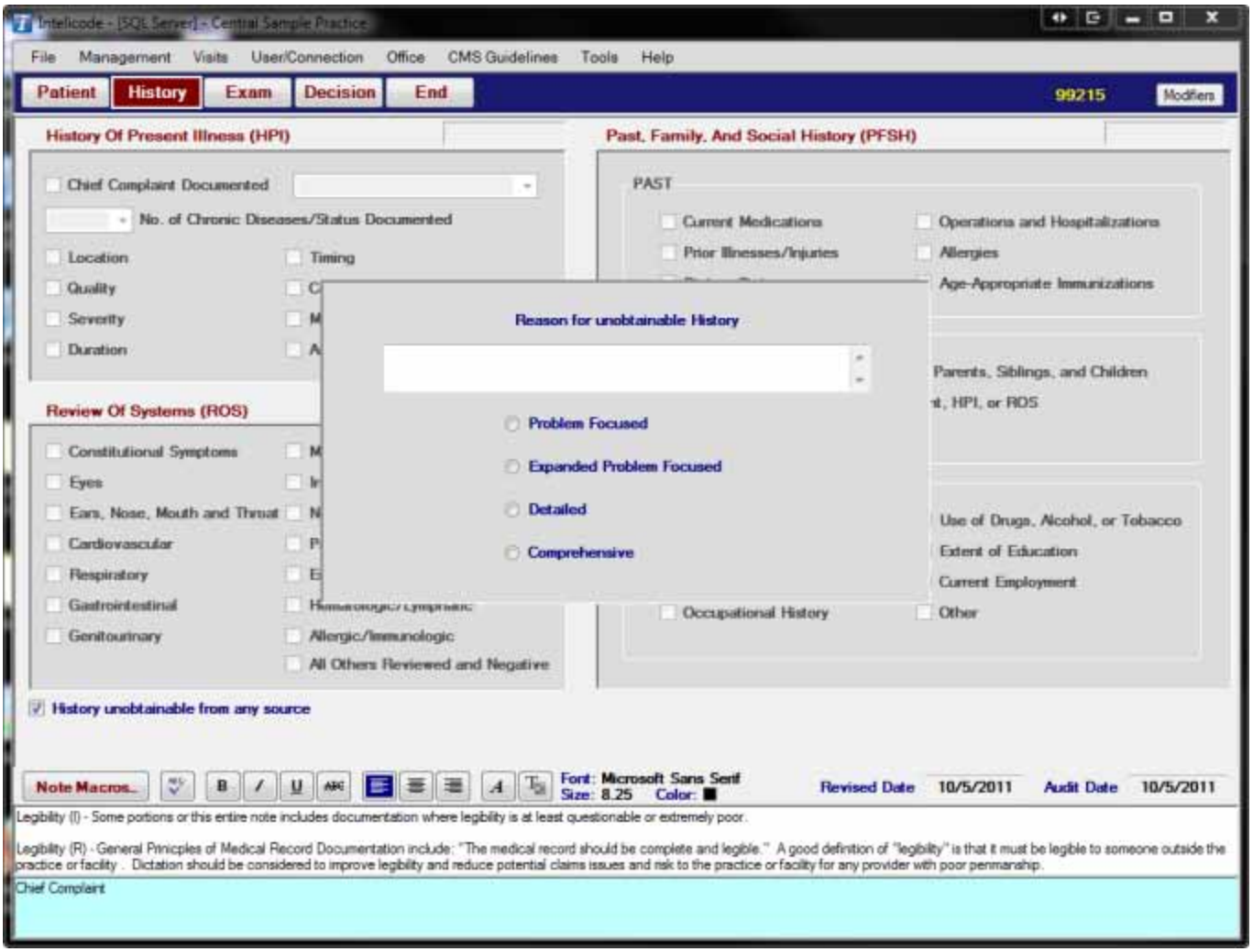

Assign Points
Assign Points
Variance + 1
Points
Variance + 2
Points
Variance + 3
Points
Variance + 4
Points
Variance + 5
Points
Variance - 1
Points
Variance - 2
Points
Variance - 3
Points
Variance - 4
Points
Variance - 5
Points
Incident To
Points
TP (*)
Points
Wrong Category
Points
Decided Code (DC)
Points
Diagnosis Error
Points
Per Diagnosis
Per Encounter
Procedure Error
Points
Per Prodedure
Per Encounter
Re-Audit Criteria
Percentage Range
Date Range
to
% Review in:
Months
Days
Re-Audit Notification Date Range
9/ 9/2011
to
9/ 9/2011
Re-Audit Notification Interval
Days
Save
Close
An accurately coded encounter is worth 100 points. Points are assigned to the above items, which will be deducted from the overall total points for a correctly coded encounter. Points can also be assigned to Note Macros.



History Screen

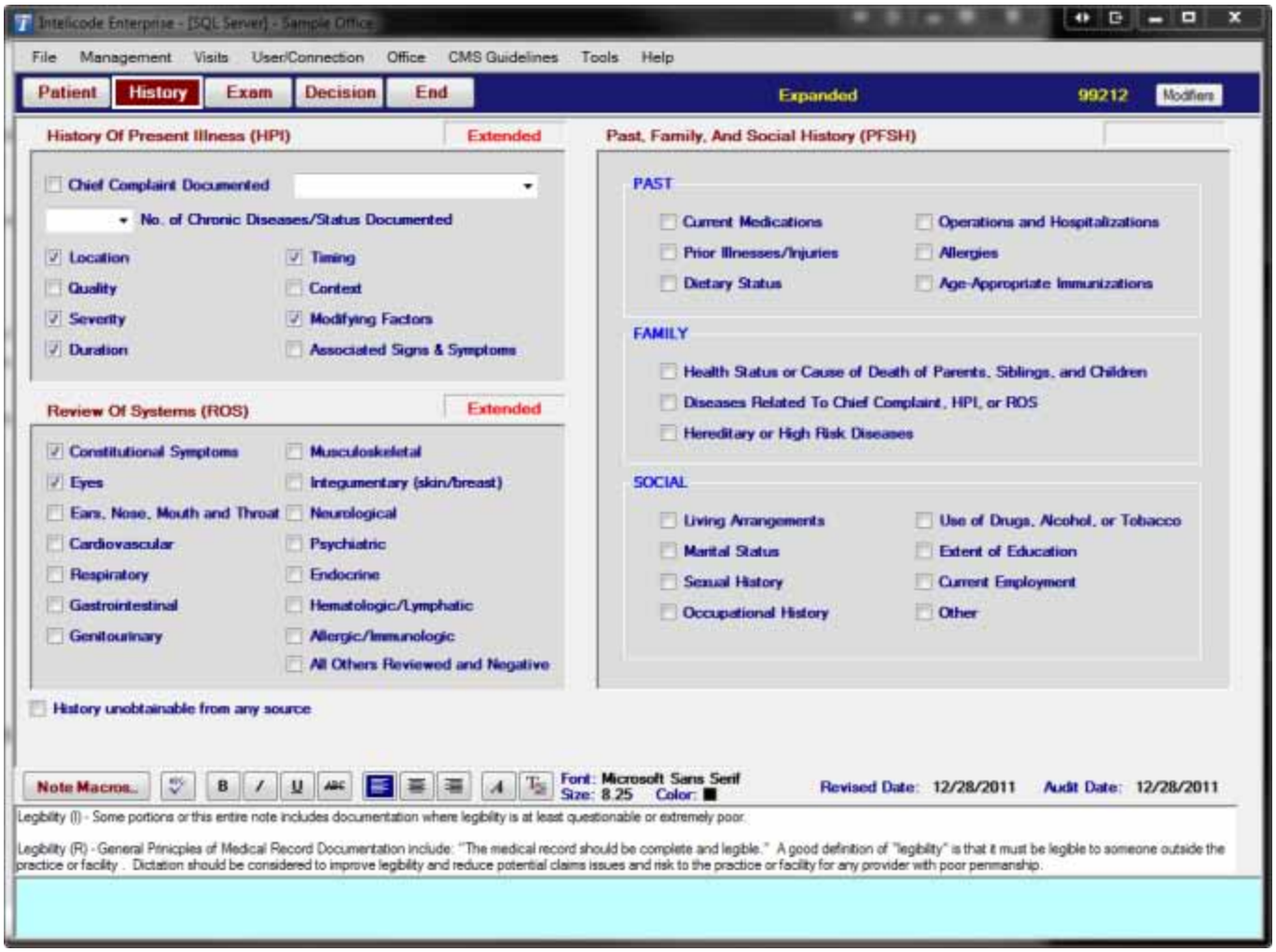
On this screen, you select the various History elements documented for the encounter being audited. Intelicode keeps track of the counting! As a helpful reference, when a mouse is positioned over a particular History element, a definition and/or explanation is given in the light blue help box across the bottom of the screen.

1. **History unobtainable from any source:**
    a. If additional history was not obtainable from any source, look toward the bottom of the page to where it says, **History unobtainable from any source**. Check the box by clicking on the box or on the text itself. A small popup will appear in the middle of the screen.
    b. In the text box, type in an explanation of the reason that the History was unobtainable.
    c. Select the appropriate **History Level** by clicking on the appropriate text or the circle to the left of the text. Only one of these can be selected.


File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
99215
Modifiers
History Of Present Illness (HPI)
Chief Complaint Documented
No. of Chronic Diseases/Status Documented
Location
Timing
Quality
Severity
Duration
Review Of Systems (ROS)
Constitutional Symptoms
Eyes
Ears, Nose, Mouth and Throat
Cardiovascular
Respiratory
Gastrointestinal
Genitourinary
Allergic/Immunologic
All Others Reviewed and Negative
Past, Family, And Social History (PFSH)
PAST
Current Medications
Prior Illnesses/Injuries
Operations and Hospitalizations
Allergies
Age-Appropriate Immunizations
Parents, Siblings, and Children
Use of Drugs, Alcohol, or Tobacco
Extent of Education
Current Employment
Occupational History
Other
Reason for unobtainable History
Problem Focused
Expanded Problem Focused
Detailed
Comprehensive
History unobtainable from any source
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date 10/5/2011
Audit Date 10/5/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.
Chief Complaint

2. **History of Present Illness (HPI):**
    a. If the chief complaint was documented, check the box to indicate this, then select the chief complaint by clicking on the white box to the right and then clicking on the appropriate item. If the chief complaint you are looking for is not available in the list, you can type it in.
    b. Next, indicate the **No. of Chronic Diseases/Status Documented** by clicking on the white box just to the left of this heading.
    c. Then, indicate the appropriate HPI items (i.e. **Location**, **Quality**, **Severity**, etc.) by clicking the box or the text itself.
3. **Review of Systems (ROS)**
    a. Check any (ROS) item that applies by clicking on the box or the text itself.
4. **Past, Family, and Social History (PFSH):**
    a. Check any PAST item that applies by clicking on the box or the text itself.
    b. Check any FAMILY item that applies by clicking on the box or the text itself.
    c. Check any SOCIAL item that applies by clicking on the box or the text itself.

5. **Notes** can also be added from the screen. See the white text box at the bottom of the page. For help regarding the Note Macros, See the Note Macro Maintenance help page.



Exam Screen

The **Exam** screen will display the exam elements relevant to the type of exam selected.

1. **Exam Type**
   a. The **Exam Types** are displayed on the left side of the screen.
   b. Select the **Exam Type** by clicking on the appropriate text. The corresponding **Systems/Body Areas** will display in the second column, right next to the exam type.
   c. You may audit any given encounter in multiple exam types, and Intelicode will save all of the utilized exam types and will tell you when you have not chosen the exam type displaying the highest level of service.

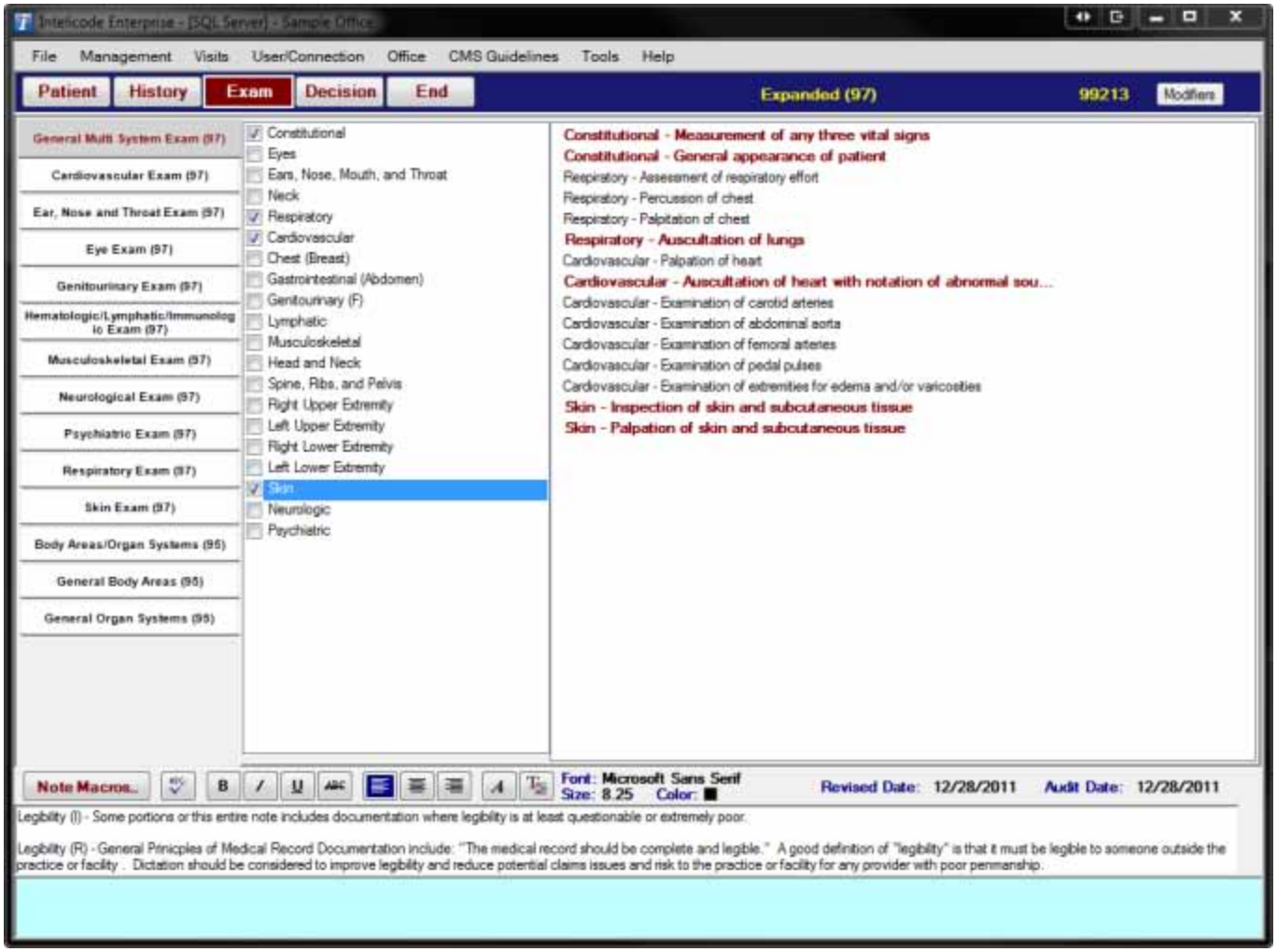
d. To audit an additional exam type after you have followed the steps below for the current exam type, repeat these steps after selecting a different Exam Type.

2. **1997 Exams:**

   a. The applicable **Systems/Body Areas** are displayed in the second column. To select a desired Systems/Body Area, click on the check box beside the System/Body Area name itself. The individual exam elements for the selected System/Body Area will be displayed on the right side of the screen.

   b. To select individual elements, click on the element itself. The text will become bold and maroon in color.

   c. Intelicode is keeping track of the selected elements and will update the **Exam Level**. If a level is applicable, it is shown in yellow at the top of the the screen.


File
Management
Visits
User/Connection
Office
CMS Guidelines
Tools
Help
Patient
History
Exam
Decision
End
Expanded (97)
99213
Modifiers
General Multi System Exam (97)
Cardiovascular Exam (97)
Ear, Nose and Throat Exam (97)
Eye Exam (97)
Genitourinary Exam (97)
Hematologic/Lymphatic/Immunolog ic Exam (97)
Musculoskeletal Exam (97)
Neurological Exam (97)
Psychiatric Exam (97)
Respiratory Exam (97)
Skin Exam (97)
Body Areas/Organ Systems (95)
General Body Areas (95)
General Organ Systems (95)
Constitutional
Eyes
Ears, Nose, Mouth, and Throat
Neck
Respiratory
Cardiovascular
Chest (Breast)
Gastrointestinal (Abdomen)
Genitourinary (F)
Lymphatic
Musculoskeletal
Head and Neck
Spine, Ribs, and Pelvis
Right Upper Extremity
Left Upper Extremity
Right Lower Extremity
Left Lower Extremity
Skin
Neurologic
Psychiatric
Constitutional - Measurement of any three vital signs
Constitutional - General appearance of patient
Respiratory - Assessment of respiratory effort
Respiratory - Percussion of chest
Respiratory - Palpitation of chest
Respiratory - Auscultation of lungs
Cardiovascular - Palpation of heart
Cardiovascular - Auscultation of heart with notation of abnormal sou...
Cardiovascular - Examination of carotid arteries
Cardiovascular - Examination of abdominal aorta
Cardiovascular - Examination of femoral arteries
Cardiovascular - Examination of pedal pulses
Cardiovascular - Examination of extremities for edema and/or varicosities
Skin - Inspection of skin and subcutaneous tissue
Skin - Palpation of skin and subcutaneous tissue
Note Macros...
Font: Microsoft Sans Serif
Size: 8.25
Color:
Revised Date: 12/28/2011
Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

3. **1995 Exams:**

   a. Upon clicking on a 1995 **Exam Type**, the applicable **Body Areas** and **Organ Systems** will display on the right side of the screen.

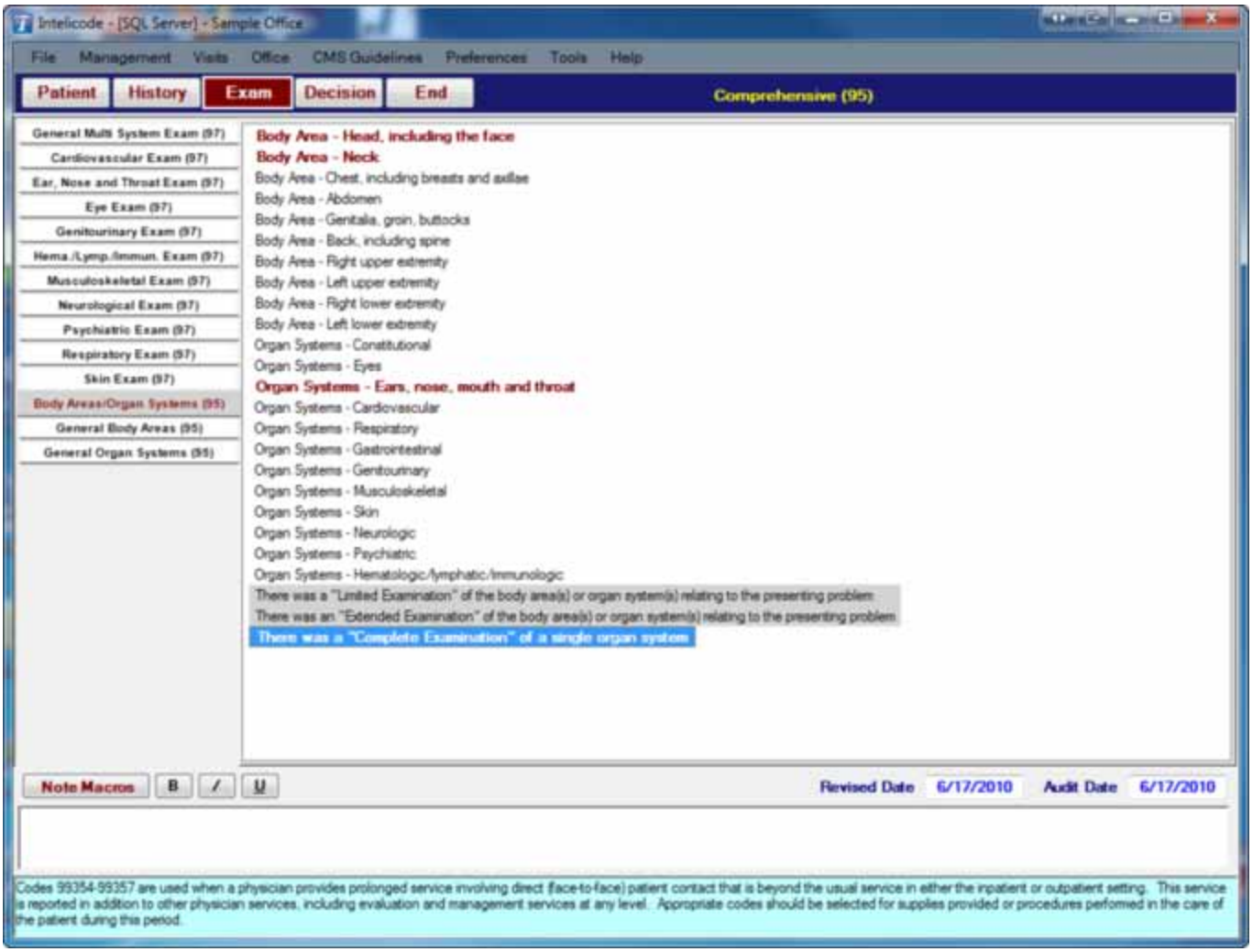
   b. To select individual elements, click on the element itself. The text will become bold and maroon in color.

c. There are exam elements in the 1995 exam that are specifically designed to allow the auditor/reviewer to reflect examination as accurately as possible. These elements indicate a "Limited exam" or a "Detailed exam" relating to how the presenting problem was performed.

d. The **"Limited Examination"** element will allow the auditor/reviewer to keep the level of exam at **Expanded** (when appropriate) when 2 to 7 **Body Areas** or **Organ Systems** elements are selected.

e. The **"Extended Examination"** element will allow the auditor/reviewer to make the level of exam **Detailed** (when appropriate) when 2 to 7 **Body Areas** or **Organ Systems** elements are selected.

f. The **"Complete Examination"** element will allow the auditor/reviewer to make the level of exam **Comprehensive** (when appropriate) when any **Organ Systems** elements are selected.

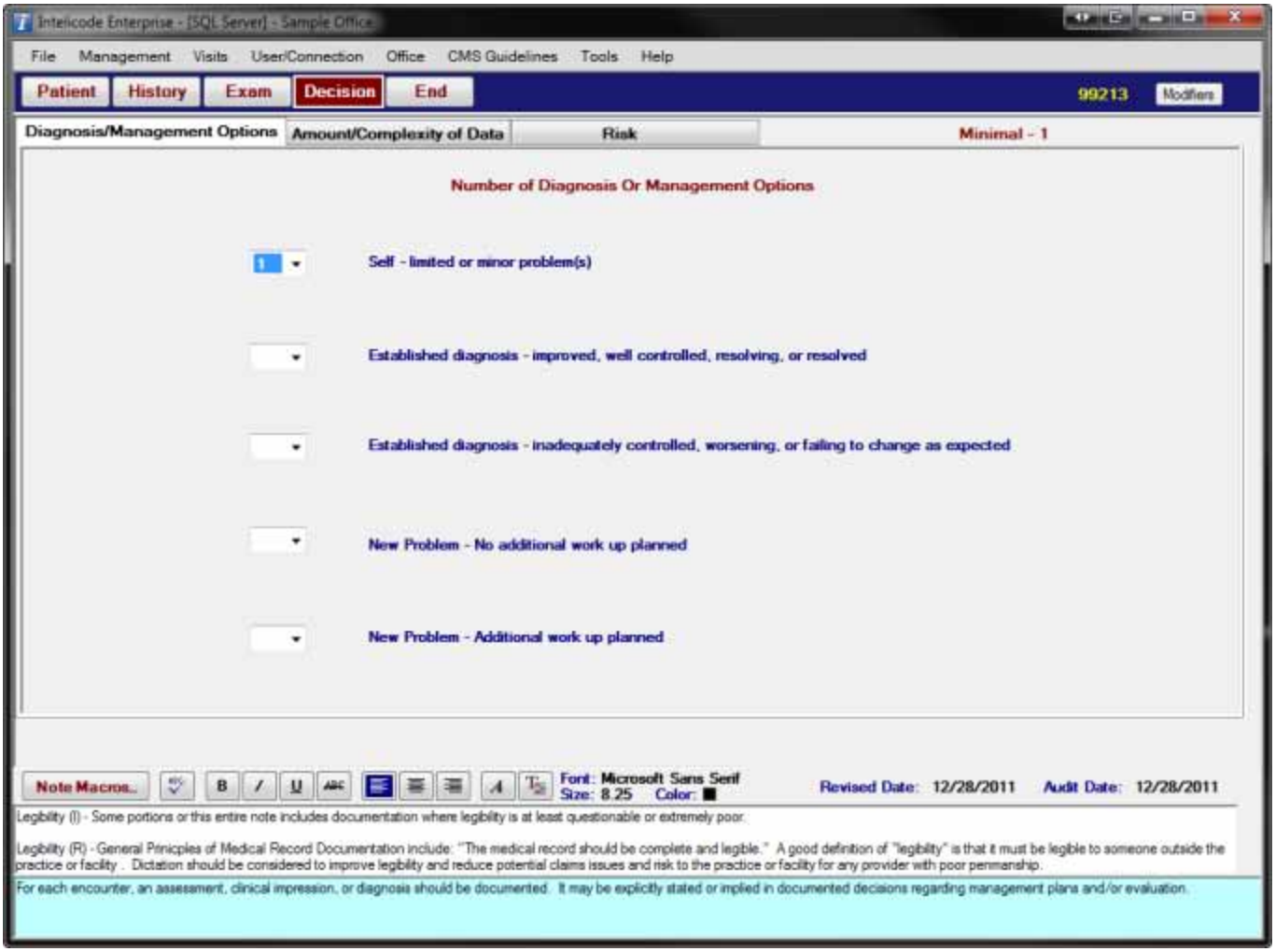

Intelicode - [SQL Server] - Sample Office
File Management Visits Office CMS Guidelines Preferences Tools Help
Patient History Exam Decision End
Comprehensive (95)
General Multi System Exam (97)
Cardiovascular Exam (97)
Ear, Nose and Throat Exam (97)
Eye Exam (97)
Genitourinary Exam (97)
Hema./Lymp./Immun. Exam (97)
Musculoskeletal Exam (97)
Neurological Exam (97)
Psychiatric Exam (97)
Respiratory Exam (97)
Skin Exam (97)
Body Areas/Organ Systems (95)
General Body Areas (95)
General Organ Systems (95)
Body Area - Head, including the face
Body Area - Neck
Body Area - Chest, including breasts and axillae
Body Area - Abdomen
Body Area - Genitalia, groin, buttocks
Body Area - Back, including spine
Body Area - Right upper extremity
Body Area - Left upper extremity
Body Area - Right lower extremity
Body Area - Left lower extremity
Organ Systems - Constitutional
Organ Systems - Eyes
Organ Systems - Ears, nose, mouth and throat
Organ Systems - Cardiovascular
Organ Systems - Respiratory
Organ Systems - Gastrointestinal
Organ Systems - Genitourinary
Organ Systems - Musculoskeletal
Organ Systems - Skin
Organ Systems - Neurologic
Organ Systems - Psychiatric
Organ Systems - Hematologic/lymphatic/immunologic
There was a "Limited Examination" of the body area(s) or organ system(s) relating to the presenting problem
There was an "Extended Examination" of the body area(s) or organ system(s) relating to the presenting problem
There was a "Complete Examination" of a single organ system
Note Macros
Revised Date 6/17/2010
Audit Date 6/17/2010
Codes 99354-99357 are used when a physician provides prolonged service involving direct (face-to-face) patient contact that is beyond the usual service in either the inpatient or outpatient setting. This service is reported in addition to other physician services, including evaluation and management services at any level. Appropriate codes should be selected for supplies provided or procedures performed in the care of the patient during this period.

Decision Screen

Diagnosis/Management Options Tab

On the **Diagnosis** tab, you select the number of diagnoses or problems that are applicable to the encounter being audited.

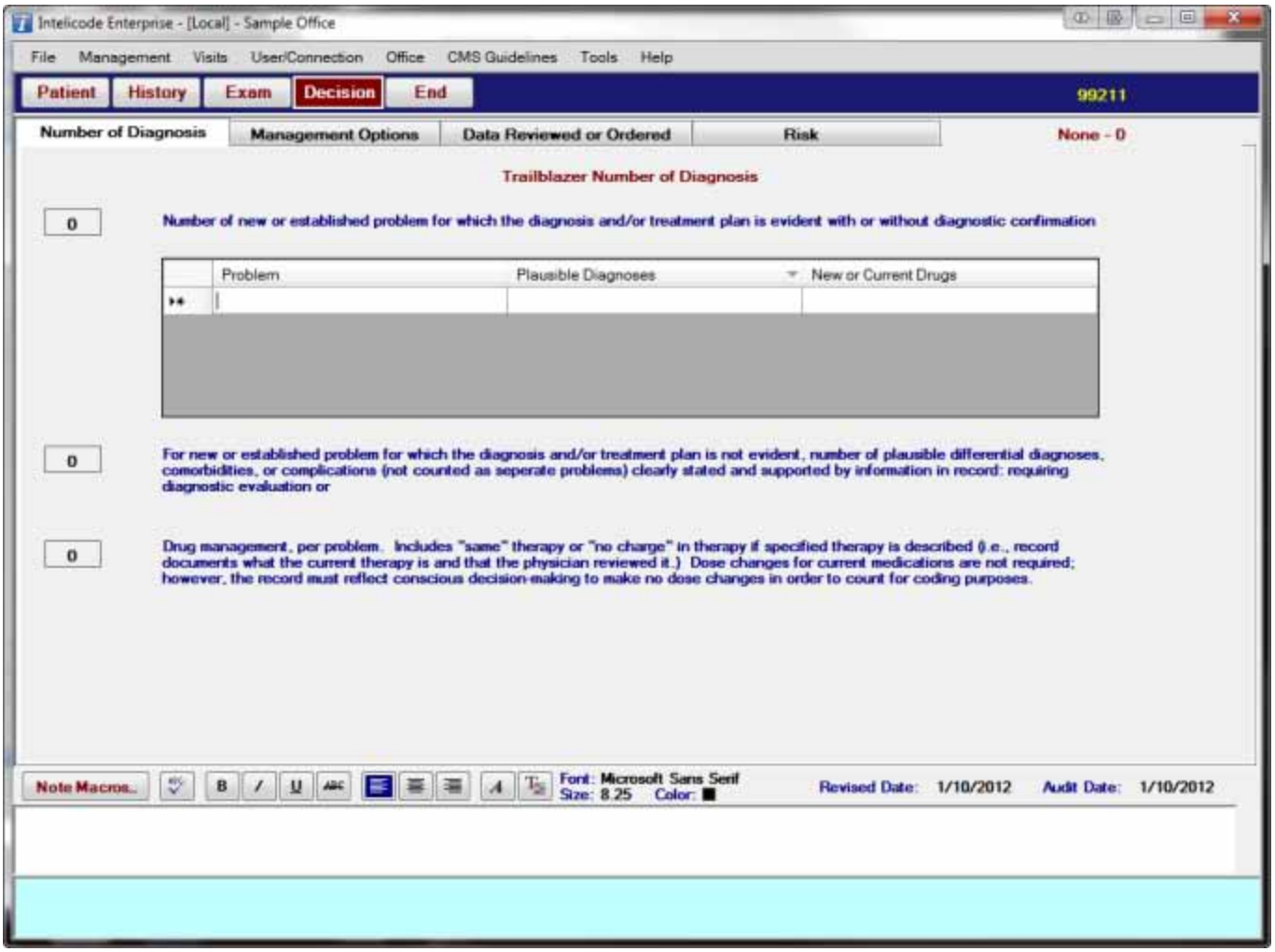
1. Select the appropriate number from the drop down box for each option.
2. Intelicode keeps track of the counting! The level or counts for the **Diagnosis/Management Options** portion of the encounter elements selected will appear in maroon in the upper left corner of the screen.
3. When the mouse is positioned over a specific statement, the actual corresponding quotation from the **Documentation Guidelines** will appear in the light blue help box across the bottom of the page as an additional reference.


Intelicode Enterprise - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Minimal - 1
Number of Diagnosis Or Management Options
1
Self - limited or minor problem(s)
Established diagnosis - improved, well controlled, resolving, or resolved
Established diagnosis - inadequately controlled, worsening, or failing to change as expected
New Problem - No additional work up planned
New Problem - Additional work up planned
Note Macros...
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 12/28/2011
Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.
For each encounter, an assessment, clinical impression, or diagnosis should be documented. It may be explicitly stated or implied in documented decisions regarding management plans and/or evaluation.

Number of Diagnoses (Trailblazer)

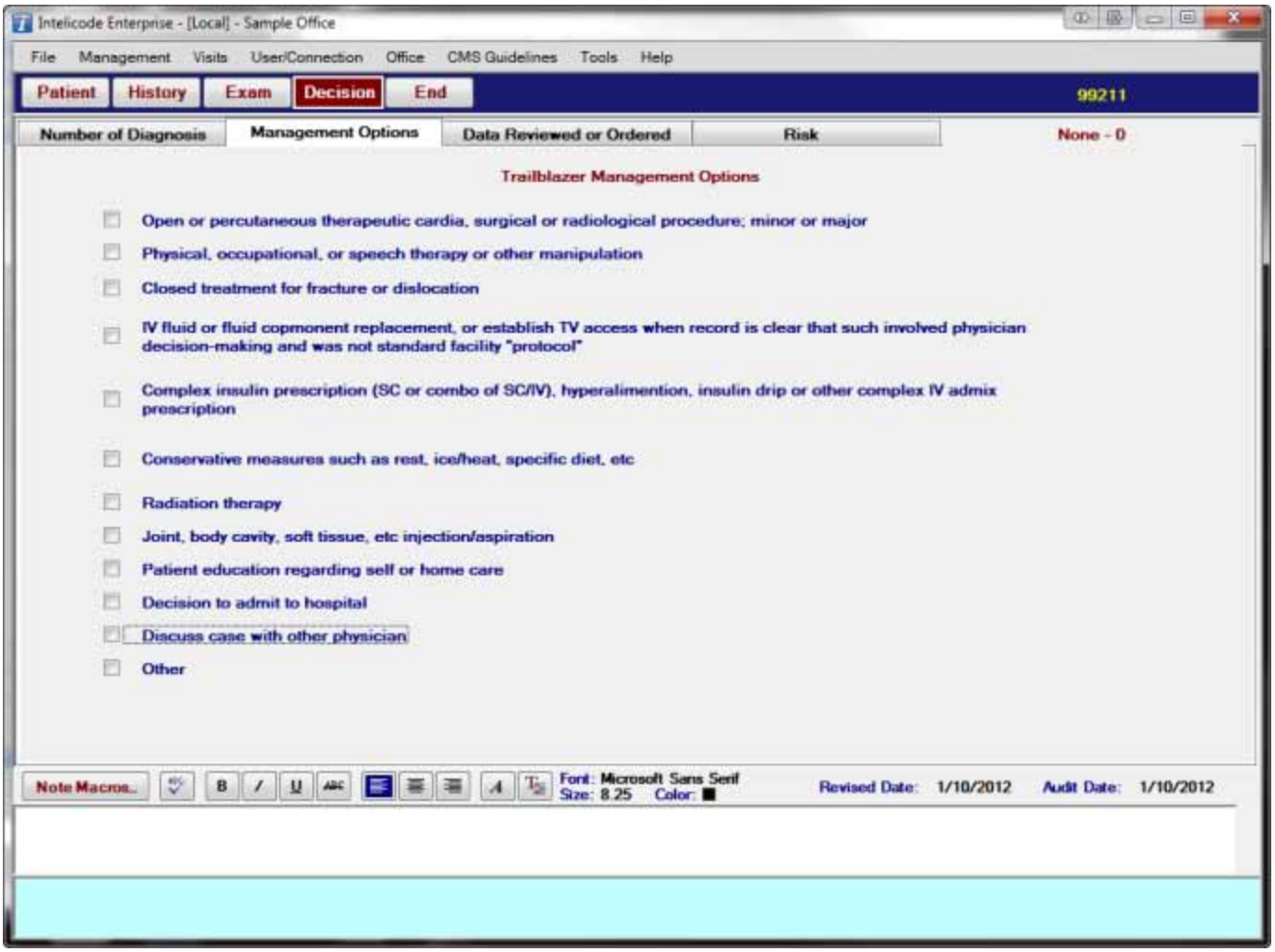
If you are using the **Trailblazer MDM**, you will use the **Number of Diagnosis** tab to select the number of diagnoses or problems that are applicable to the encounter being audited.

1. Begin by clicking in the table just underneath the **Problem** heading, and type the description of the problem.
2. Next, press the **Tab** key to tab over to the **Plausible Diagnoses** column (or else you can just click there) and type the appropriate number.
3. Again, press the **Tab** key to tab over to the **New or Current Drugs** column and type the appropriate number.
4. Repeat steps one through three for as many rows are applicable.
5. As you were entering information into the table, Intelicode was calculating totals for each column on the left side of the screen.
6. To remove a row, click on the part of the row that is just to the left of the **Problem** column.


Intelicode Enterprise - [Local] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
99211
Number of Diagnosis
Management Options
Data Reviewed or Ordered
Risk
None - 0
Trailblazer Number of Diagnosis
0
Number of new or established problem for which the diagnosis and/or treatment plan is evident with or without diagnostic confirmation
Problem
Plausible Diagnoses
New or Current Drugs
0
For new or established problem for which the diagnosis and/or treatment plan is not evident, number of plausible differential diagnoses, comorbidities, or complications (not counted as seperate problems) clearly stated and supported by information in record: requiring diagnostic evaluation or
0
Drug management, per problem. Includes "same" therapy or "no charge" in therapy if specified therapy is described (i.e., record documents what the current therapy is and that the physician reviewed it.) Dose changes for current medications are not required; however, the record must reflect conscious decision-making to make no dose changes in order to count for coding purposes.
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 1/10/2012
Audit Date: 1/10/2012

Management Options (Trailblazer)

If you are using the **Trailblazer MDM**, you will use the **Management Options** tab to check the options that apply.

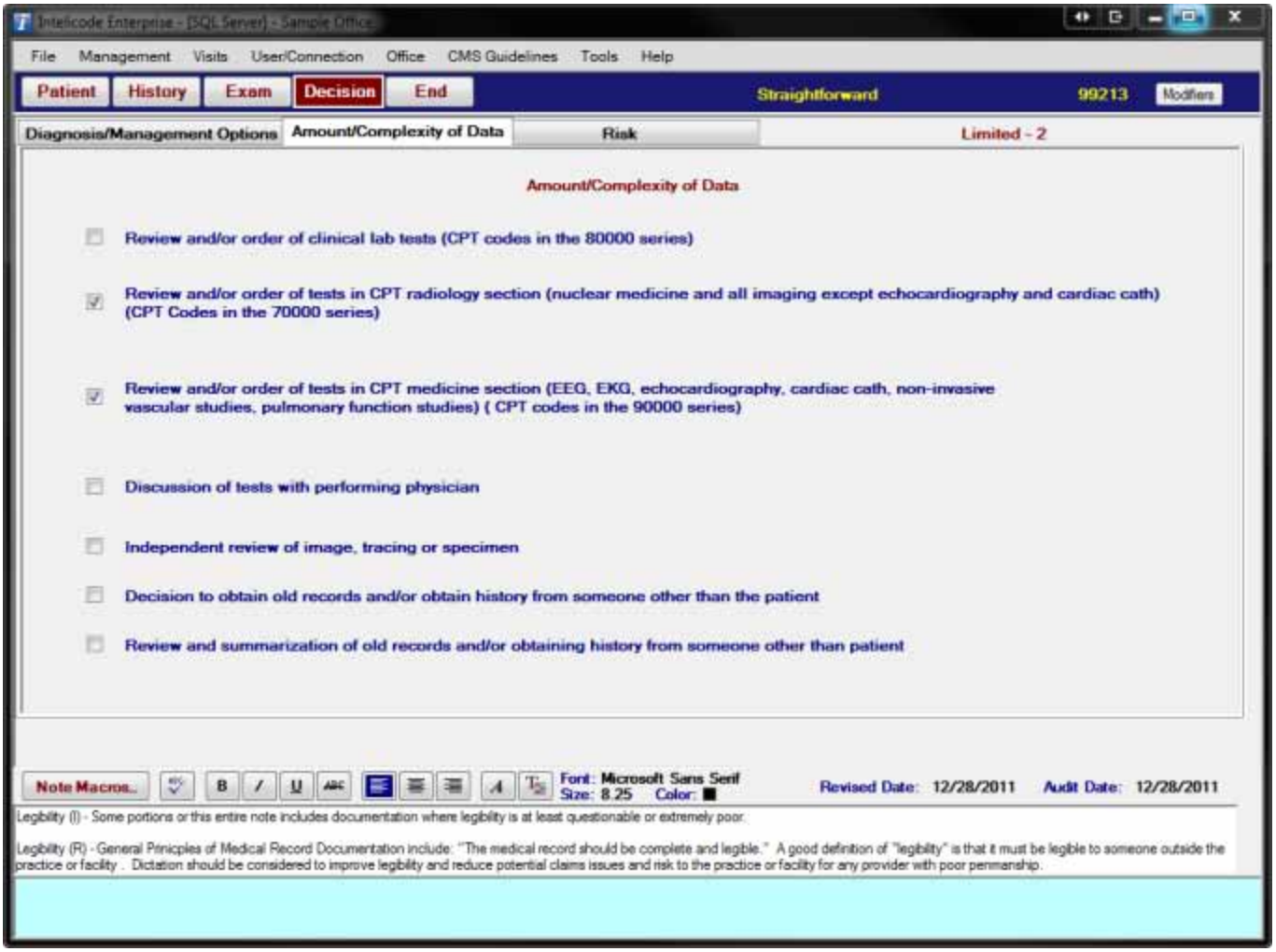

Intelicode Enterprise - [Local] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
99211
Number of Diagnosis
Management Options
Data Reviewed or Ordered
Risk
None - 0
Trailblazer Management Options
Open or percutaneous therapeutic cardia, surgical or radiological procedure; minor or major
Physical, occupational, or speech therapy or other manipulation
Closed treatment for fracture or dislocation
IV fluid or fluid copmonent replacement, or establish TV access when record is clear that such involved physician decision-making and was not standard facility "protocol"
Complex insulin prescription (SC or combo of SC/IV), hyperalimention, insulin drip or other complex IV admix prescription
Conservative measures such as rest, ice/heat, specific diet, etc
Radiation therapy
Joint, body cavity, soft tissue, etc injection/aspiration
Patient education regarding self or home care
Decision to admit to hospital
Discuss case with other physician
Other
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 1/10/2012
Audit Date: 1/10/2012

Amount/Complexity of Data Options Tab

Recording the **Amount/Complexity of Data** documented in a record being audited is easy.

1. Simply select those items that have been documented by clicking on the check box next to the statement or by clicking on the statement itself.
2. Select as many elements or statements as are relevant/supported by the encounter documentation.
3. To unselect an item, simply click the check box or statement again.

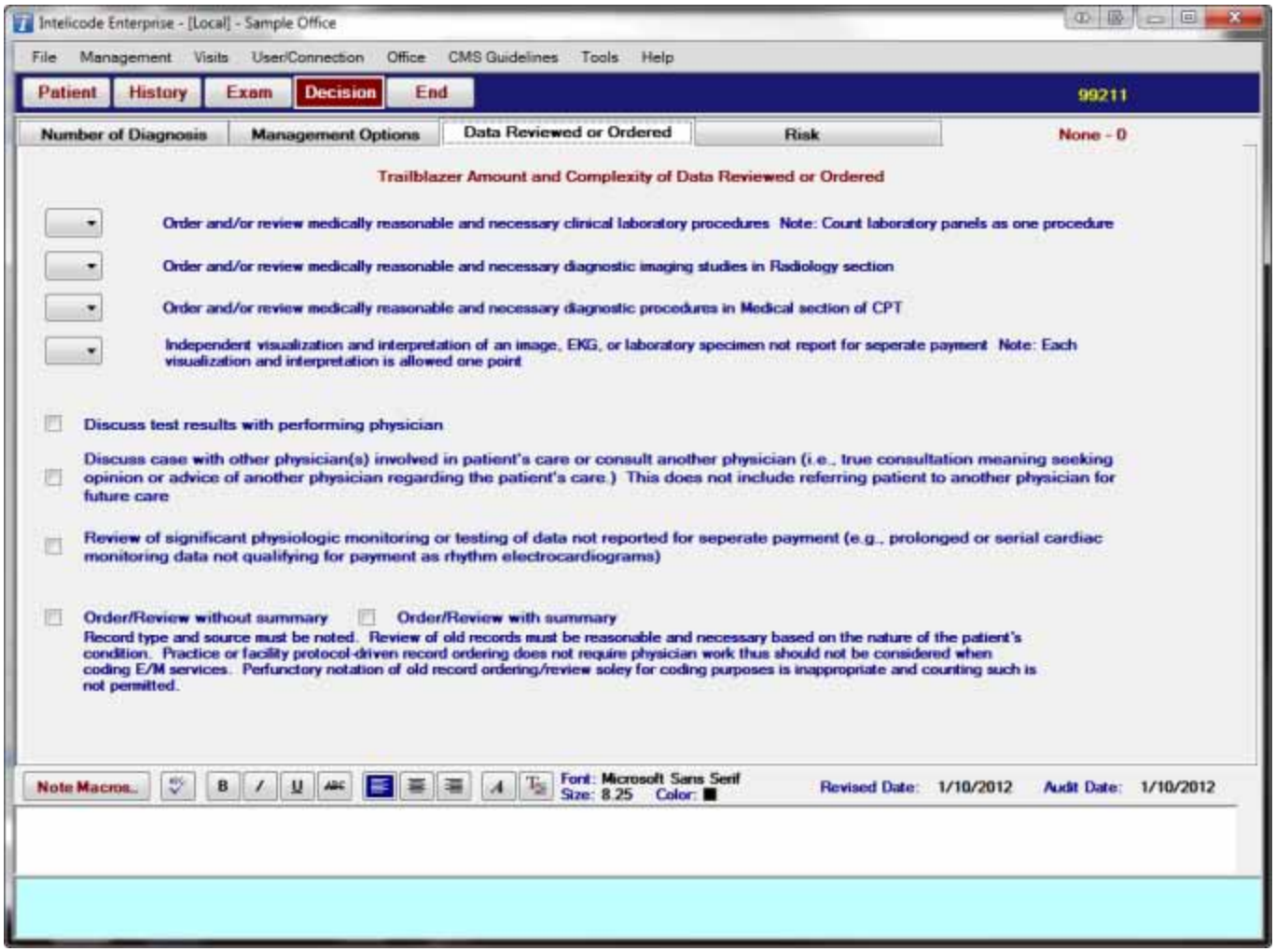
4. As an additional reference, when a mouse is positioned over a specific statement, the actual corresponding quotation from the **Documentation Guidelines** will appear in the light blue help box across the bottom of the page.
5. Intelicode is keeping track of your selections. The level or counts for the **Amount/Complexity of Data** portion of the encounter elements selected will appear in maroon in the upper right part of the screen.


File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Straightforward
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Limited - 2
Amount/Complexity of Data
Review and/or order of clinical lab tests (CPT codes in the 80000 series)
Review and/or order of tests in CPT radiology section (nuclear medicine and all imaging except echocardiography and cardiac cath) (CPT Codes in the 70000 series)
Review and/or order of tests in CPT medicine section (EEG, EKG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies) (CPT codes in the 90000 series)
Discussion of tests with performing physician
Independent review of image, tracing or specimen
Decision to obtain old records and/or obtain history from someone other than the patient
Review and summarization of old records and/or obtaining history from someone other than patient
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 12/28/2011 Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Data Reviewed or Ordered (Trailblazer)

If you are using the **Trailblazer MDM**, you will use the **Data Reviewed or Ordered** tab.

1. First, click on the dropdown arrows for the any of the four items that are applicable and selected the appropriate number.
2. Next, click on the checkbox for any of the items that apply on the bottom half of the screen. You may also click on the text itself.
3. Meanwhile, Intelicode is continuously updating the code and the levels.


Intelicode Enterprise - [Local] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
99211
Number of Diagnosis Management Options Data Reviewed or Ordered Risk
None - 0
Trailblazer Amount and Complexity of Data Reviewed or Ordered
Order and/or review medically reasonable and necessary clinical laboratory procedures Note: Count laboratory panels as one procedure
Order and/or review medically reasonable and necessary diagnostic imaging studies in Radiology section
Order and/or review medically reasonable and necessary diagnostic procedures in Medical section of CPT
Independent visualization and interpretation of an image, EKG, or laboratory specimen not report for seperate payment Note: Each visualization and interpretation is allowed one point
Discuss test results with performing physician
Discuss case with other physician(s) involved in patient's care or consult another physician (i.e., true consultation meaning seeking opinion or advice of another physician regarding the patient's care.) This does not include referring patient to another physician for future care
Review of significant physiologic monitoring or testing of data not reported for seperate payment (e.g., prolonged or serial cardiac monitoring data not qualifying for payment as rhythm electrocardiograms)
Order/Review without summary
Order/Review with summary
Record type and source must be noted. Review of old records must be reasonable and necessary based on the nature of the patient's condition. Practice or facility protocol-driven record ordering does not require physician work thus should not be considered when coding E/M services. Perfunctory notation of old record ordering/review soley for coding purposes is inappropriate and counting such is not permitted.
Note Macros...
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 1/10/2012
Audit Date: 1/10/2012

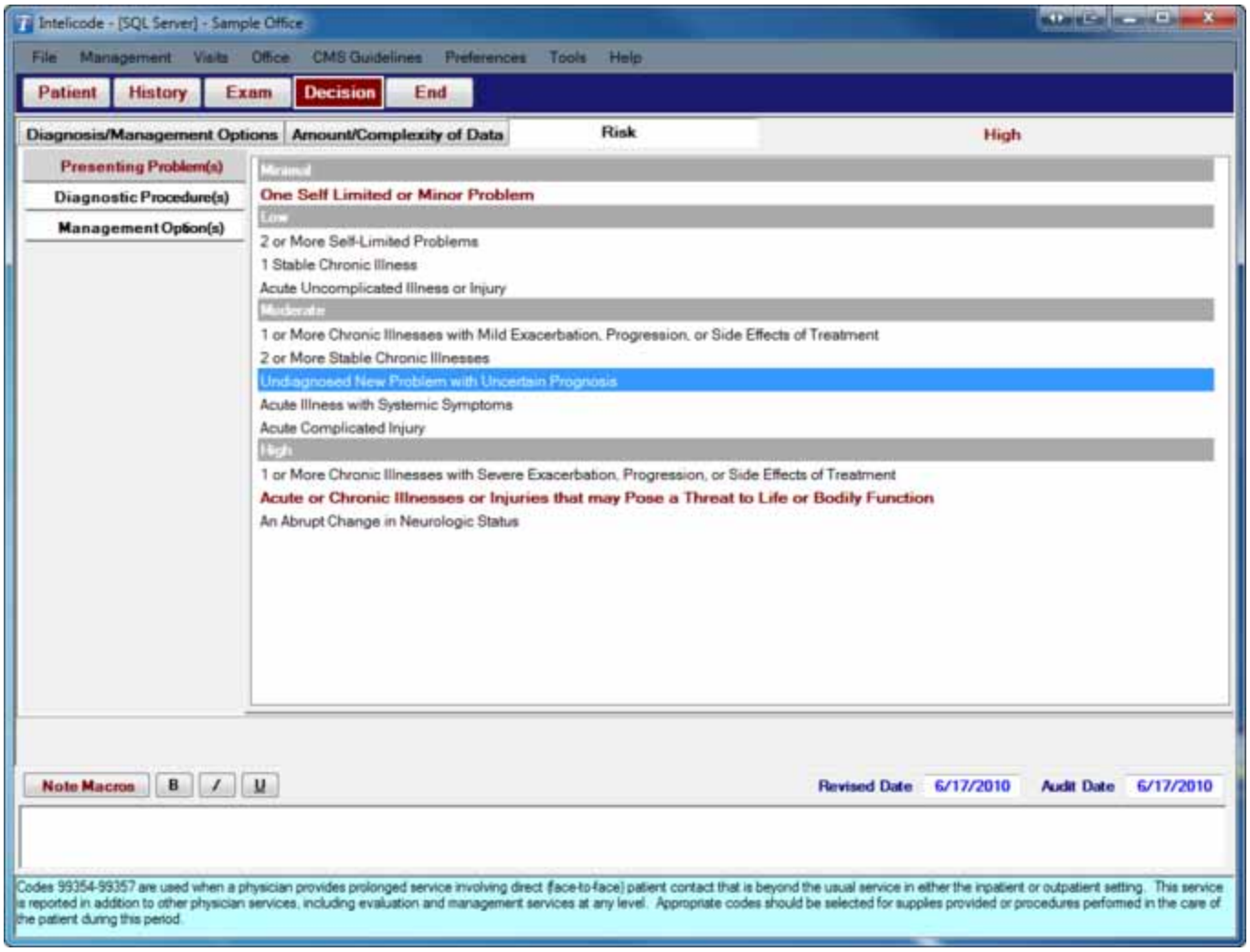
Risk Tab

Presenting Problem(s) Screen

The **Presenting Problem(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the presenting problem documented for the encounter being audited.

1. To select the desired level of presenting problem risk, click the element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.
2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.
3. To unselect any element, simply click that element again. It will turn back to a black text.

4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.

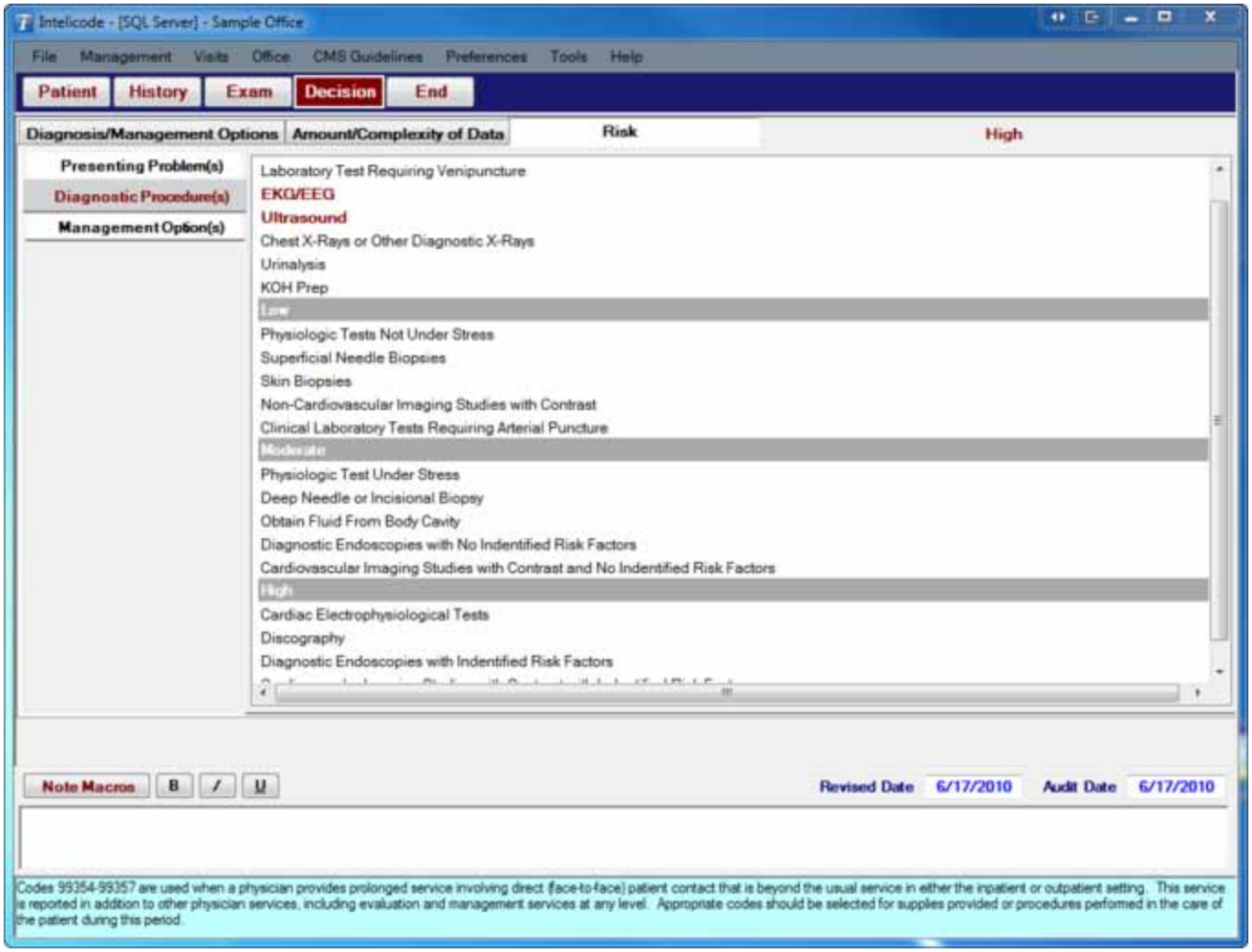

Intelicode - [SQL Server] - Sample Office
File Management Visits Office CMS Guidelines Preferences Tools Help
Patient History Exam Decision End
Diagnosis/Management Options
Amount/Complexity of Data
Risk
High
Presenting Problem(s)
Diagnostic Procedure(s)
Management Option(s)
Minimal
One Self Limited or Minor Problem
Low
2 or More Self-Limited Problems
1 Stable Chronic Illness
Acute Uncomplicated Illness or Injury
Moderate
1 or More Chronic Illnesses with Mild Exacerbation, Progression, or Side Effects of Treatment
2 or More Stable Chronic Illnesses
Undiagnosed New Problem with Uncertain Prognosis
Acute Illness with Systemic Symptoms
Acute Complicated Injury
High
1 or More Chronic Illnesses with Severe Exacerbation, Progression, or Side Effects of Treatment
Acute or Chronic Illnesses or Injuries that may Pose a Threat to Life or Bodily Function
An Abrupt Change in Neurologic Status
Note Macros
B
I
U
Revised Date 6/17/2010
Audit Date 6/17/2010
Codes 99354-99357 are used when a physician provides prolonged service involving direct (face-to-face) patient contact that is beyond the usual service in either the inpatient or outpatient setting. This service is reported in addition to other physician services, including evaluation and management services at any level. Appropriate codes should be selected for supplies provided or procedures performed in the care of the patient during this period.

Diagnostic Procedure(s) Screen

The **Diagnostic Procedure(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the review or ordering of diagnostic procedures or services documented, if applicable.

1. To select the desired level of Diagnostic Procedures Risk, click the element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.
2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.

3. To unselect any element, simply click that element again. It will turn back to a black text.
4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.

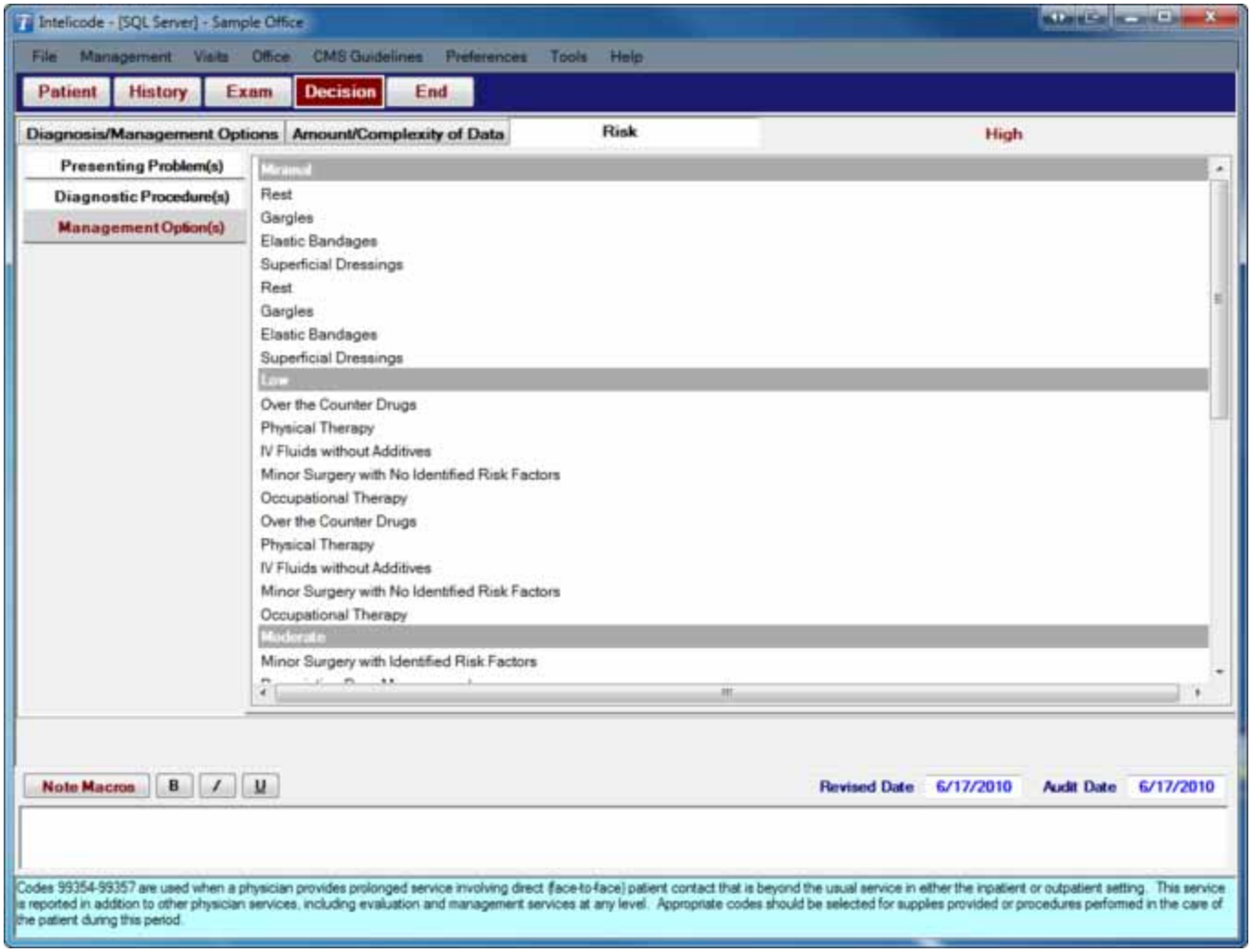

Intelicode - [SQL Server] - Sample Office
File Management Visits Office CMS Guidelines Preferences Tools Help
Patient History Exam Decision End
Diagnosis/Management Options
Amount/Complexity of Data
Risk
High
Presenting Problem(s)
Diagnostic Procedure(s)
Management Option(s)
Laboratory Test Requiring Venipuncture
EKG/EEG
Ultrasound
Chest X-Rays or Other Diagnostic X-Rays
Urinalysis
KOH Prep
Low
Physiologic Tests Not Under Stress
Superficial Needle Biopsies
Skin Biopsies
Non-Cardiovascular Imaging Studies with Contrast
Clinical Laboratory Tests Requiring Arterial Puncture
Moderate
Physiologic Test Under Stress
Deep Needle or Incisional Biopsy
Obtain Fluid From Body Cavity
Diagnostic Endoscopies with No Indentified Risk Factors
Cardiovascular Imaging Studies with Contrast and No Indentified Risk Factors
High
Cardiac Electrophysiological Tests
Discography
Diagnostic Endoscopies with Indentified Risk Factors
Note Macros
B
I
U
Revised Date 6/17/2010
Audit Date 6/17/2010
Codes 99354-99357 are used when a physician provides prolonged service involving direct (face-to-face) patient contact that is beyond the usual service in either the inpatient or outpatient setting. This service is reported in addition to other physician services, including evaluation and management services at any level. Appropriate codes should be selected for supplies provided or procedures performed in the care of the patient during this period.

Management Option(s) Screen

The **Management Option(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the management options documented for the encounter being audited.

1. To select the desired level of Managment Options Risk, click the element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.
2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.

3. To unselect any element, simply click that element again. It will turn back to a black text.
4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.


Intelicode - [SQL Server] - Sample Office
File Management Visits Office CMS Guidelines Preferences Tools Help
Patient History Exam Decision End
Diagnosis/Management Options
Amount/Complexity of Data
Risk
High
Presenting Problem(s)
Diagnostic Procedure(s)
Management Option(s)
Rest
Gargles
Elastic Bandages
Superficial Dressings
Rest
Gargles
Elastic Bandages
Superficial Dressings
Over the Counter Drugs
Physical Therapy
IV Fluids without Additives
Minor Surgery with No Identified Risk Factors
Occupational Therapy
Over the Counter Drugs
Physical Therapy
IV Fluids without Additives
Minor Surgery with No Identified Risk Factors
Occupational Therapy
Minor Surgery with Identified Risk Factors
Note Macros
Revised Date 6/17/2010
Audit Date 6/17/2010
Codes 99354-99357 are used when a physician provides prolonged service involving direct (face-to-face) patient contact that is beyond the usual service in either the inpatient or outpatient setting. This service is reported in addition to other physician services, including evaluation and management services at any level. Appropriate codes should be selected for supplies provided or procedures performed in the care of the patient during this period.

End Screen

The **End** screen displays a summary of the information that you have entered up to this point and gives you the opportunity to make changes or add other pertinent data.

1. **Code -** The audited code (the code produced by the information entered by the reviewer) will appear in the upper right corner of the screen in yellow font.
2. **Visit Information -**
    a. The information shown in this section (left side) of the screen is a culmination of the encounter information the reviewer has entered up to this point.

b. If information reflected on this portion of the screen is incorrect, return to the screen where the original information was entered to make the appropriate changes.

3. **Comparison -**

a. If **Time** is a factor in the encounter being audited, enter the **Face to Face** time in the appropriate field by clicking on the text box and entering the documented Face-to-Face time.

b. Additionally, enter the documented **Counseling** time in the appropriate field by clicking on the text box and entering the documented Counseling time.

c. If the Counseling time is 50% or more of the total Face-to-Face time, Intelicode will automatically adjust to reflect the appropriate code in the selected service category in relation to the times entered.

d. If you wish to remove Face-to-Face or Counseling times, simply double-click on the corresponding text box to select the text and press the **Delete** key.

e. Intelicode calculates the **Reviewer E & M** based on what has been seleted in each of the screens (**History**, **Exam**, **Decision**).

f. Select the **Provider E & M** from the list of E & M codes in the middle of the screen at the top.

g. A **Variance** is calculated based on the code difference. When the **Reviewer E & M** and the **Provider E & M** are from different **Service Categories** (i.e. **Office/Outpatient** vs. **Consultation**), the Variance will show as **"WC"**or "Wrong Category". You are allowed to select a different variance from the drop down list if you wish.

h. **Fee** differences will also be calculated for **E & M**, **Other Services**, and **Total** based on the information in the **Fee Schedule** that you have selected.

i. **RVU** numbers are also calculated for each of the above three categories based on the information in the **Fee Schedule** that you have selected.

j. **Provider E & M -** The code used by the provider for billing the encounter being audited.

k. **Reviewer E & M -** The audited/reviewed code (the code produced by the information entered by the reviewer) will appear in the upper right corner of each screen in yellow font and in the **Reviewer E & M** field in the **Comparison** area.

l. **Modifier -** This is the **Modifier** field (located next to the **Provider E & M** and **Reviewer E & M** fields) for the Provider and Reviewer E & M. Select the appropriate modifier, if applicable, by clicking on the drop down arrow and clicking on the desired modifier.

m. **Fee Schedule -**

i. The **Fee Schedule** field will display the fee schedule utilized to produce the comparison **Overbilled** or **Underbilled** amount.

ii. This field also allows the reviewer to change the fee schedule for the encounter being audited if more than one fee schedule is loaded.

iii. If no fee schedule amounts are loaded, the **Overbilled** or **Underbilled** field will remain blank in applicable situations.

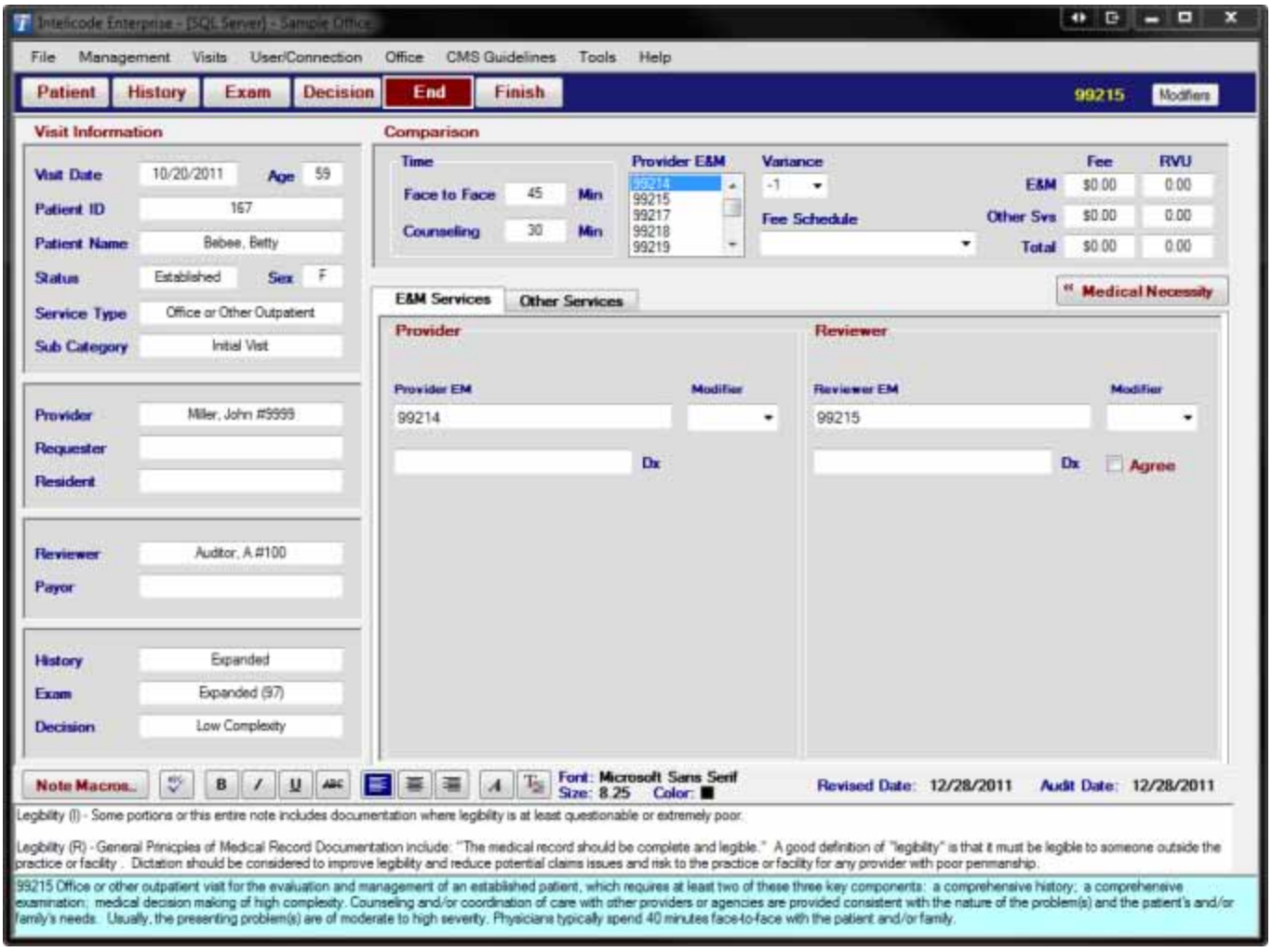
4. **E & M Services -**

   a. Begin typing the **Diagnosis Code** used by the provider when billing the audited encounter, when applicable, if desired. A list of codes will pop up for you to select from.

   b. If the reviewer agrees with the provider, just click the **Agree** check box or click on the text itself. The fields will populate to agree with the provider data.

   c. Otherwise, if appropriate, in the same manner as was done for the provider select the **Reviewer** diagnosis code(s).

   d. The diagnosis codes are pre-loaded by Intelicode.


File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End Finish
99215 Modifiers
Visit Information
Visit Date 10/20/2011 Age 59
Patient ID 167
Patient Name Bebee, Betty
Status Established Sex F
Service Type Office or Other Outpatient
Sub Category Initial Visit
Provider Miller, John #9999
Requester
Resident
Reviewer Auditor, A #100
Payor
History Expanded
Exam Expanded (97)
Decision Low Complexity
Comparison
Time
Face to Face 45 Min
Counseling 30 Min
Provider E&M
99214
99215
99217
99218
99219
Variance
-1
Fee Schedule
Fee RVU
E&M $0.00 0.00
Other Svs $0.00 0.00
Total $0.00 0.00
Medical Necessity
E&M Services Other Services
Provider
Provider EM 99214 Modifier Dx
Reviewer
Reviewer EM 99215 Modifier Dx Agree
Note Macros..
Font: Microsoft Sans Serif Size: 8.25 Color:
Revised Date: 12/28/2011 Audit Date: 12/28/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.
99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

5. **Other Services -**

   a. **Provider Section**

i. The **Other Services** tab allows you to choose—for both **Provider** and **Reviewer**—and unlimited number of **Procedure Codes** and an unlimited number of **Diagnosis Codes** for each **Procedure Code**.

ii. Begin typing the first **Procedure Code** in the white box under the **Provider Procedure Code 1** heading. A list of procedure codes will pop up. You can then select the appropriate code.

iii. If appropriate, select a modifier by clicking on the box underneath the **Modifier** heading just to the right of the Provider Procedure Code.

iv. Then, click in the **Dx** text box just below the procedure code and begin typing the first **Diagnosis Code** for this procedure code. A list of diagnosis codes will pop up. You can then select the appropriate code. Repeat, as necessary, for as many diagnosis codes are needed.

v. For any additional procedure codes, repeat the process above starting with **Provider Procedure Code 2**.

b. **Reviewer Section**

i. If the reviewer agrees, simply click the **Agree** check box or click on the text itself. The data will be populated to match the provider data.

ii. If there is any disagreement, you will need to enter the information just as it was described above for the **Provider** section.

iii. For any additional procedure codes, repeat the process above starting with **Reviewer Procedure Code 2**.

6. **Medical Necessity -**

a. When you click on the **Medical Necessity** button, three questions become visible.

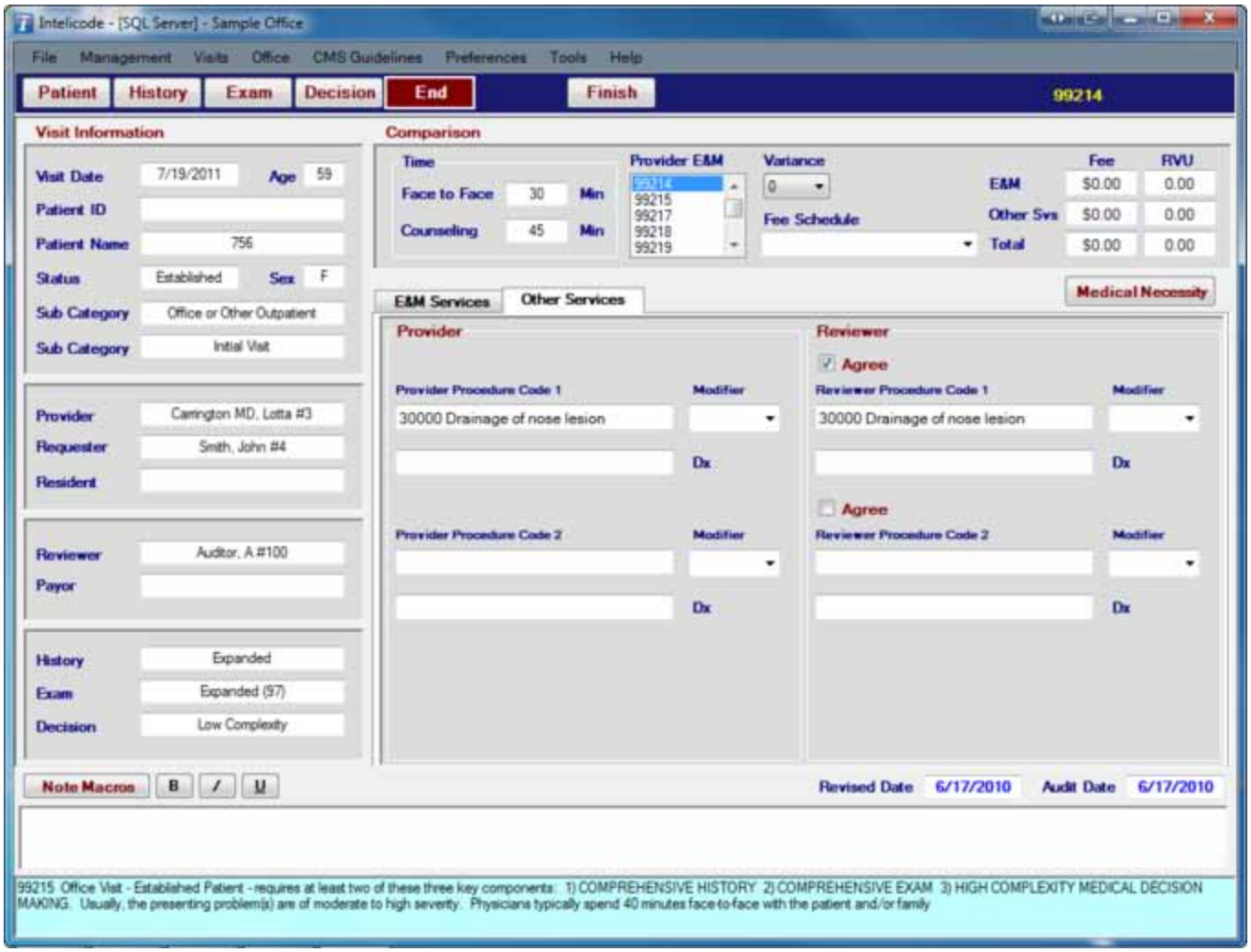
b. If the first question is answered **"Y"**, the other two questions are not applicable and are, therefore, not available to answer.

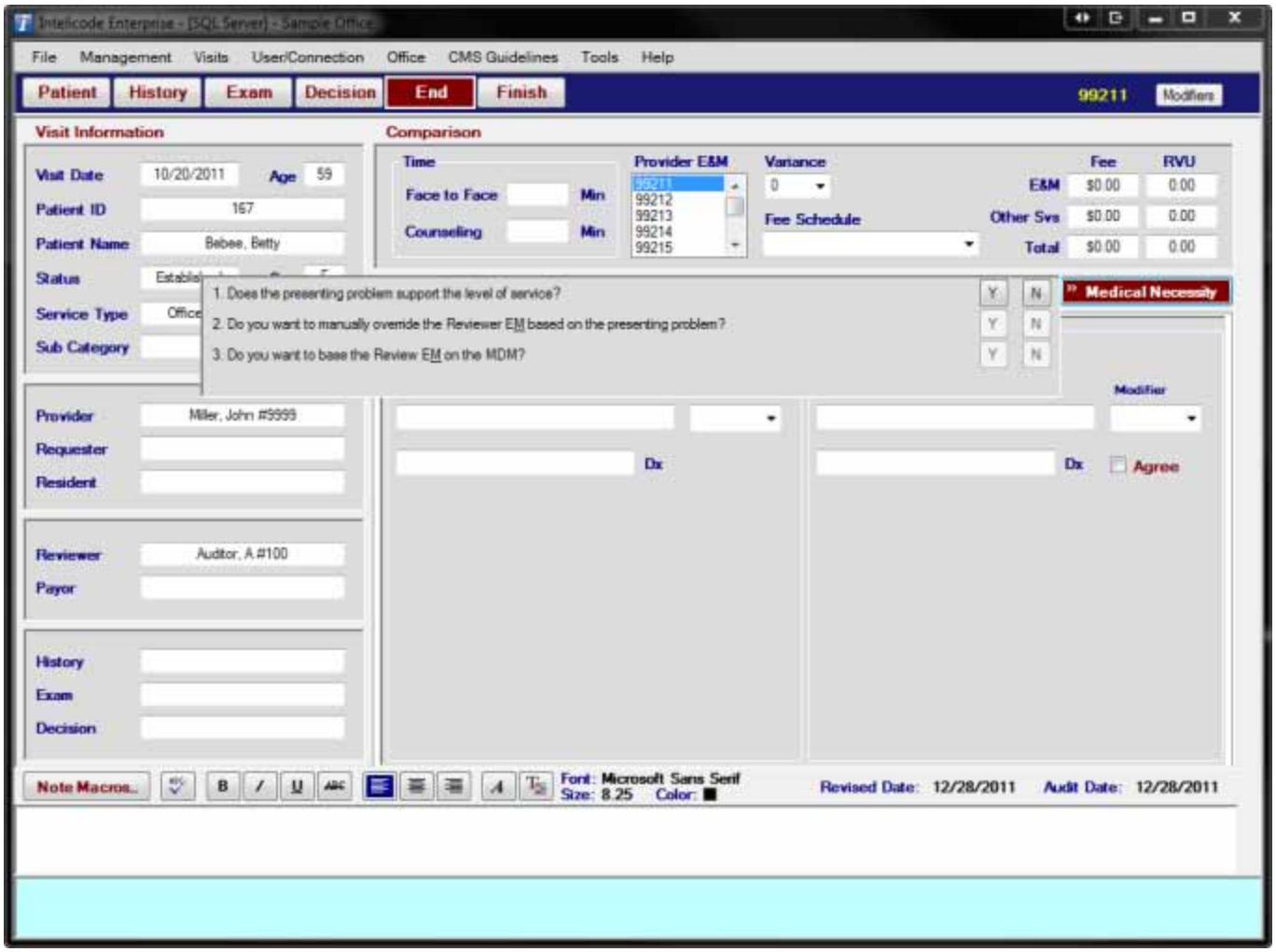
c. If the first question is answered **"N"**, the second question becomes available to answer. If you answer **"Y"**--that you want to manually override the Reviewer E & M based on the presenting problem--a list of E & M codes will appear. Select the appropriate code by clicking on the text. The third question is not applicable nor available in the case.

d. If the second question is answered **"N"**, the third question becomes available to answer. If you answer **"Y"**--that you want to base the Review E & M on the MDM--the code in the upper-right corner of the screen will change. If you answer the third question **"N"**, there is no change.

7. **Notes -**

a. For instructions on how to use the **Notes** section (which is available from many screens) or how to manage the **Note Macros**, see the Note Macros help page.


Intelicode - [SQL Server] - Sample Office
File Management Visits Office CMS Guidelines Preferences Tools Help
Patient History Exam Decision End Finish 99214
Visit Information
Visit Date 7/19/2011 Age 59
Patient ID
Patient Name 756
Status Established Sex F
Sub Category Office or Other Outpatient
Sub Category Initial Visit
Provider Carrington MD, Lotta #3
Requester Smith, John #4
Resident
Reviewer Auditor, A #100
Payor
History Expanded
Exam Expanded (97)
Decision Low Complexity
Comparison
Time
Face to Face 30 Min
Counseling 45 Min
Provider E&M
99214
99215
99217
99218
99219
Variance
0
Fee Schedule
Fee RVU
E&M $0.00 0.00
Other Svs $0.00 0.00
Total $0.00 0.00
E&M Services Other Services
Medical Necessity
Provider
Provider Procedure Code 1 Modifier
30000 Drainage of nose lesion
Dx
Provider Procedure Code 2 Modifier
Dx
Reviewer
Agree
Reviewer Procedure Code 1 Modifier
30000 Drainage of nose lesion
Dx
Agree
Reviewer Procedure Code 2 Modifier
Dx
Note Macros B I U
Revised Date 6/17/2010 Audit Date 6/17/2010
99215 Office Visit - Established Patient - requires at least two of these three key components: 1) COMPREHENSIVE HISTORY 2) COMPREHENSIVE EXAM 3) HIGH COMPLEXITY MEDICAL DECISION MAKING. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family

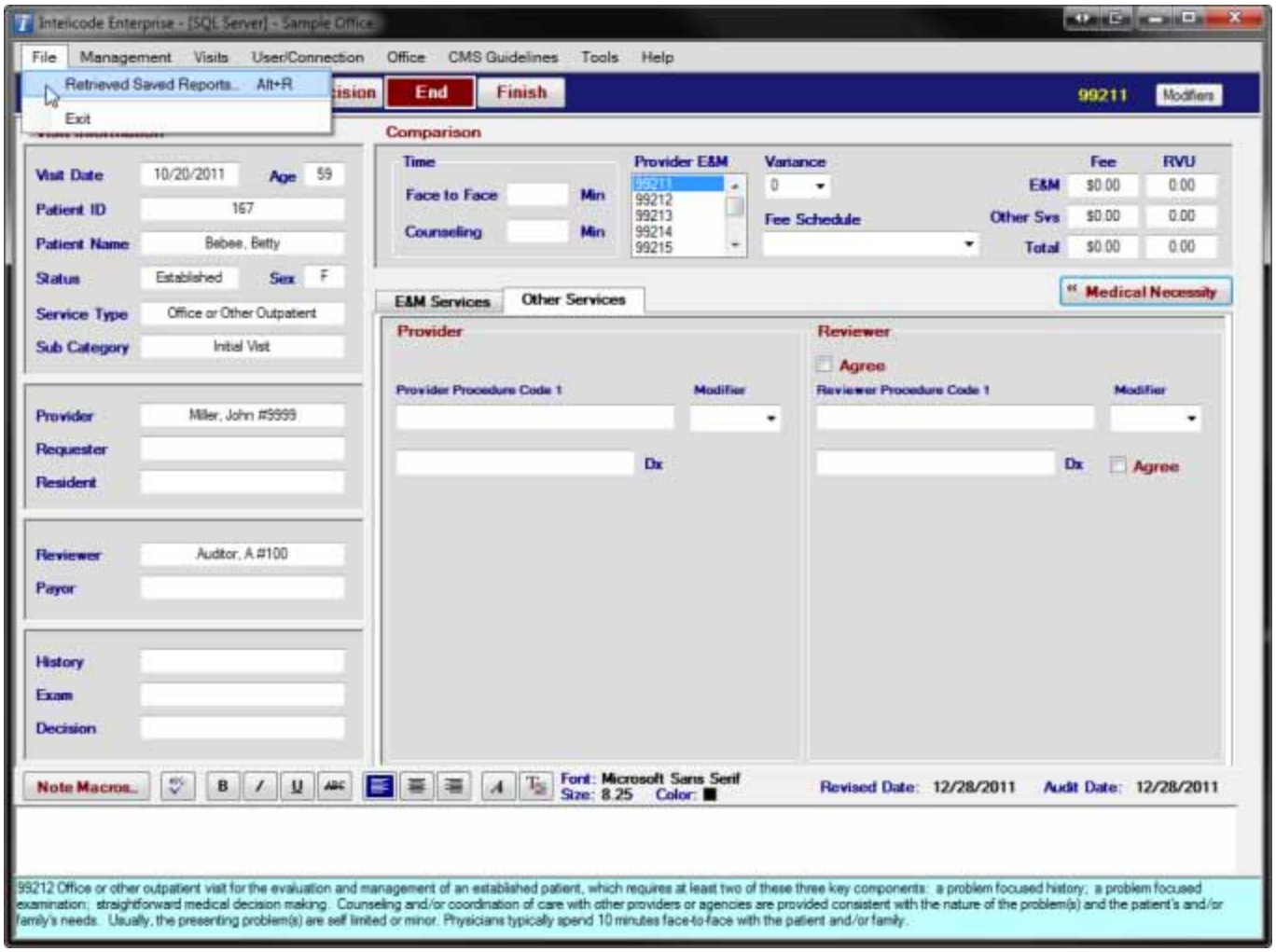


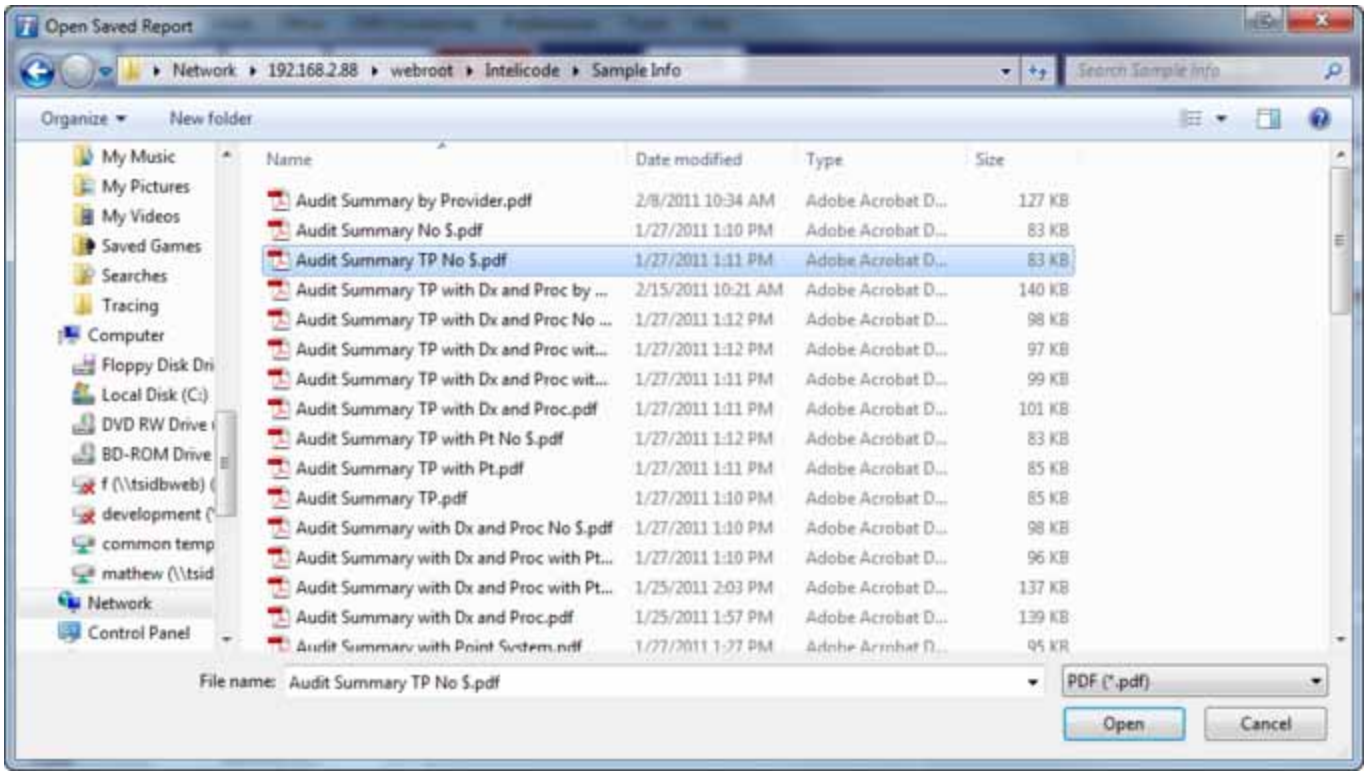
Retrieving Saved Reports

Intelicode gives the user the ability to save reports in different formats (i.e. Word®, Excel®, PDF).

1. You can access your saved reports by going to the **File** menu (located in the upper-left corner of the screen) and then select **Retrieve Saved Reports**

2. An **"Open"** pop-up window will appear. Select the file name containing your saved report(s) and click the **Open** button or double-click the file name.


Intelicode Enterprise - [SQL Server] - Sample Office
File
Management
Visits
User/Connection
Office
CMS Guidelines
Tools
Help
Retrieved Saved Reports... Alt+R
Exit
End
Finish
99211
Modifiers
Comparison
Visit Date
10/20/2011
Age
59
Patient ID
167
Patient Name
Bebee, Betty
Status
Established
Sex
F
Service Type
Office or Other Outpatient
Sub Category
Initial Visit
Provider
Miller, John #9999
Requester
Resident
Reviewer
Auditor, A #100
Payor
History
Exam
Decision
Time
Face to Face
Min
Counseling
Min
Provider E&M
99211
99212
99213
99214
99215
Variance
0
Fee Schedule
Fee
RVU
E&M
$0.00
0.00
Other Svs
$0.00
0.00
Total
$0.00
0.00
E&M Services
Other Services
Medical Necessity
Provider
Provider Procedure Code 1
Modifier
Dx
Reviewer
Agree
Reviewer Procedure Code 1
Modifier
Dx
Agree
Note Macros...
Font: Microsoft Sans Serif
Size: 8.25
Color:
Revised Date: 12/28/2011
Audit Date: 12/28/2011
99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.


Open Saved Report
Network ▸ 192.168.2.88 ▸ webroot ▸ Intelicode ▸ Sample Info
Search Sample Info
Organize
New folder
My Music
My Pictures
My Videos
Saved Games
Searches
Tracing
Computer
Floppy Disk Dri
Local Disk (C:)
DVD RW Drive
BD-ROM Drive
f (\\tsidbweb)
development
common temp
mathew (\\tsid
Network
Control Panel
Name
Date modified
Type
Size
Audit Summary by Provider.pdf 2/8/2011 10:34 AM Adobe Acrobat D... 127 KB
Audit Summary No $.pdf 1/27/2011 1:10 PM Adobe Acrobat D... 83 KB
Audit Summary TP No $.pdf 1/27/2011 1:11 PM Adobe Acrobat D... 83 KB
Audit Summary TP with Dx and Proc by ... 2/15/2011 10:21 AM Adobe Acrobat D... 140 KB
Audit Summary TP with Dx and Proc No ... 1/27/2011 1:12 PM Adobe Acrobat D... 98 KB
Audit Summary TP with Dx and Proc wit... 1/27/2011 1:12 PM Adobe Acrobat D... 97 KB
Audit Summary TP with Dx and Proc wit... 1/27/2011 1:11 PM Adobe Acrobat D... 99 KB
Audit Summary TP with Dx and Proc.pdf 1/27/2011 1:11 PM Adobe Acrobat D... 101 KB
Audit Summary TP with Pt No $.pdf 1/27/2011 1:12 PM Adobe Acrobat D... 83 KB
Audit Summary TP with Pt.pdf 1/27/2011 1:11 PM Adobe Acrobat D... 85 KB
Audit Summary TP.pdf 1/27/2011 1:10 PM Adobe Acrobat D... 85 KB
Audit Summary with Dx and Proc No $.pdf 1/27/2011 1:10 PM Adobe Acrobat D... 98 KB
Audit Summary with Dx and Proc with Pt... 1/27/2011 1:10 PM Adobe Acrobat D... 96 KB
Audit Summary with Dx and Proc with Pt... 1/25/2011 2:03 PM Adobe Acrobat D... 137 KB
Audit Summary with Dx and Proc.pdf 1/25/2011 1:57 PM Adobe Acrobat D... 139 KB
File name: Audit Summary TP No $.pdf
PDF (*.pdf)
Open
Cancel

Visit Summaries

The **Visit Summaries** screen displays the audited encounters for selected office(s). You may sort by using no filters, one filter, or multiple filters at the same time. The information displayed on this screen can be sorted in multiple ways to make your reports as specific as you desire.

1. To access the **Visit Summaries** screen, click on the **Visits** menu at the top of the screen. Then, click on **Visit Summaries**.
2. **Offices:**
    a. Notice first, the lower-left portion of the screen. There is a white box beneath the heading that says **Office/Department(s) to Query**. The office that is selected is the office that is being used to display the data in the grid on the right side of the screen.
    b. To switch to another office, click on the office name.
    c. To display data from multiple offices, hold down **Ctrl** key and select other offices. You can also hold down the **Shift** key to select a group of offices at one time.
3. **Grid:**
    a. **Visits:**
        i. Each row in the grid is a visit.

ii. You can select a visit by clicking on it. You can select multiple visits by holding down the **Ctrl** key as you select. You can select a group of visits at one time by holding down the **Shift** key while selecting.

iii. When you select a visit, the **Notes** associated with that encounter are displayed in the white box at the bottom of the screen.

iv. To delete visit(s), select the visit or visits you wish to delete, right-click anywhere in the grid, and then click on **Delete Visit(s)**. Otherwise, instead of right-clicking, you can simply press the **Delete** key on your keyboard.

v. To send visit(s) to another office, select the visit or visits you wish to send, right-click, and then click on **Send Visit(s) to Another Office**. Next, pick the office you want to send the visit(s) to.

vi. To edit a visit, select one visit (if you select more than one, the one you last clicked on will be edited). Then, click on the **Edit Visit** button towards the lower-left corner of the screen (or, you can double -click on the visit in the grid). The **Patient** screen will pop up with the visit selected active.

vii. To print an **Encounter Detail Report** on the visit(s) selected, click **Print Selected**. The **Print Options** window will pop up whereby you can print the report. For information about the **Encounter Detail Report** see the Encounter Detail Report help page.

b. **Columns:**

i. Each column in the grid is a data field.

ii. To select which columns you want in the grid, right-click anywhere within the grid and click on **Select Grid Columns**. You will be given a list of fields with a check box by each field.

iii. Check or uncheck fields accordingly by clicking on the checkbox next to the field name or on the field name itself.

iv. Click **OK** when the desired column names are checked.

v. Click **Cancel** to avoid any changes to the columns.

vi. To change the order in which the columns appear, click on the column heading, hold down the mouse button, and drag the box to the desired position. This order is used for the **Audit Summary** and **Custom Provider Accuracy Report**. The order is maintained even after exiting the software and returning.

vii. To alter the width of any given column, use your mouse to put the cursor on the column heading bar on the line that separates the columns, hold down the mouse button, and drag the column divider to the desired position.

viii. To reset the columns to the default order and width, right-click anywhere in the grid and select **Reset Grid to Default**.

4. **Totals:**

a. **Total Visits -** The total number of visits currently showing in the grid.

b. **Accurately Coded -** The number and percentage of visits currently in the grid that are coded accurately.

c. **Under Coded/Billed -** The number and percentage of the **Total Visits** that are under coded and hence underbilled.

d. **Over Coded/Billed -** The number and percentage of the **Total Visits** that are over coded and hence overbilled.

e. **Wrong Category -** The number and percentage of the **Total Visits** that were coded within the wrong category.

f. **Total Billed -** The total amount billed for the visits currently showing in the grid.

g. **Financial Error -** The percentage of difference between the amount inaccurately billed and the total amount billed.

h. **Under Billed -** The total amount of the **Total Billed** that was under billed.

i. **Over Billed -** The total amount of the **Total Billed** that was over billed.

j. **Non-Compliant Teaching -** Reflects only those services (the number and percentage) that are non-Compliant teaching services, or those services that did not meet the teaching physician guidelines. (For Intelicode P.A.T.H. only)

5. **Filters:**

a. **Visit Date / Audit Date -**

i. This filter will determine if the encounters displayed will be filtered by the **Visit Date** or by the **Audit Date**.

ii. The **Visit Date / Audit Date** filter is found in the upper-left corner of the screen

iii. The **Visit Date** is the date of service of the audited encounter.

iv. The **Audit Date** is the actual date the audit was performed. Intelicode automatically stores the date each audit is performed.

v. Select which criteria you want to filter with by clicking on **Visit Date** or **Audit Date** in the upper-left corner.

vi. The date fields, which are located directly below the **Visit Date / Audit Date** toggle buttons, correspond with whichever type of date is selected.

vii. For example, if **Visit Date** is selected and the date boxes display "7/19/2010" and "7/19/2011", the encounters displayed in the grid will be only those encounters with a visit date (service date) between those two dates.

viii. Of course, the same applies to Audit Date. When the **Audit Date** button is selected, the date range displayed in the date field will control the encounters displayed by their actual date of audit.

b. **Status -**

i. This represents whether the patient is a **New** patient or an **Established** patient.

ii. The **Status** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.

iii. To filter by Status, click on the drop down box and then click on the appropriate Status.

c. **Var -**

i. This filter will allow you to display only those visits that have a certain **Variance** between the provider code and the auditor code.

ii. The **Var** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.

iii. To filter by Variance, click on the drop down box and then click on the appropriate Variance.

d. **Billed E & M -**

i. This filter will allow you to display only those visits that have a certain **Billed E & M** code.

ii. The **Billed E & M** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.

iii. To filter by Billed (Provider) E & M code, click on the drop down box and then click on the appropriate code.

e. **Provider -**

i. This filter will allow you to display only those visits that have a certain **Provider**.

ii. The **Provider** filter is located just below the **Status**, **Var**, and **Billed E & M** filters on the left side of the screen.

iii. To filter by Provider, click on the drop down box and then click on the appropriate Provider.

iv. The providers available for this field are those you have previously added to your Provider fields on the **Patient** screen.

f. **Specialty / Sub Specialty -**

i. This filter will allow you to display only those visits that have a certain **Specialty** or **Sub Specialty** of the providers who performed the encounters/visits.

ii. The **Specialty / Sub Specialty** filter is located just below the **Provider** filter on the left side of the screen.

iii. To filter by Specialty or Sub Specialty, click on the drop down box and then click on the appropriate Specialty or Sub Specialty.

g. **Service Category -**

i. This filter will allow you to display only those visits that have a certain **Service Category** that was chosen on the **Patient** screen.

ii. The **Service Category** filter is located just below the **Specialty / Sub Specialty** filter on the left side of the screen.

iii. To filter by Service Category, click on the drop down box and then click on the appropriate Service Category.

h. **Service Sub Category -**

i. This filter will allow you to display only those visits that have a certain **Service Sub Category** that was chosen on the **Patient** screen.

ii. The **Service Sub Category** filter is located just below the **Service Category** filter on the left side of the screen.

iii. To filter by Service Sub Category, click on the drop down box and then click on the appropriate Service Sub Category.

i. **Note Macro -**

i. This filter will allow you to display only those visits that contain a certain **Note Macro** within the **Notes** field.

ii. The **Notes Macro** filter is located just below the **Service Sub Category** filter on the left side of the screen.

iii. To filter by Note Macro, click on the drop down box and then click on the appropriate Note Macro.

iv. The Macros available for this filter are those you have previously added to the **Note Macros** Management screen.

v. When you select a visit, the **Notes** associated with that encounter are displayed in the white box at the bottom of the screen.

j. **Reviewer / Auditor -**

i. This filter will allow you to display only those visits that were audited by a certain **Reviewer / Auditor**.

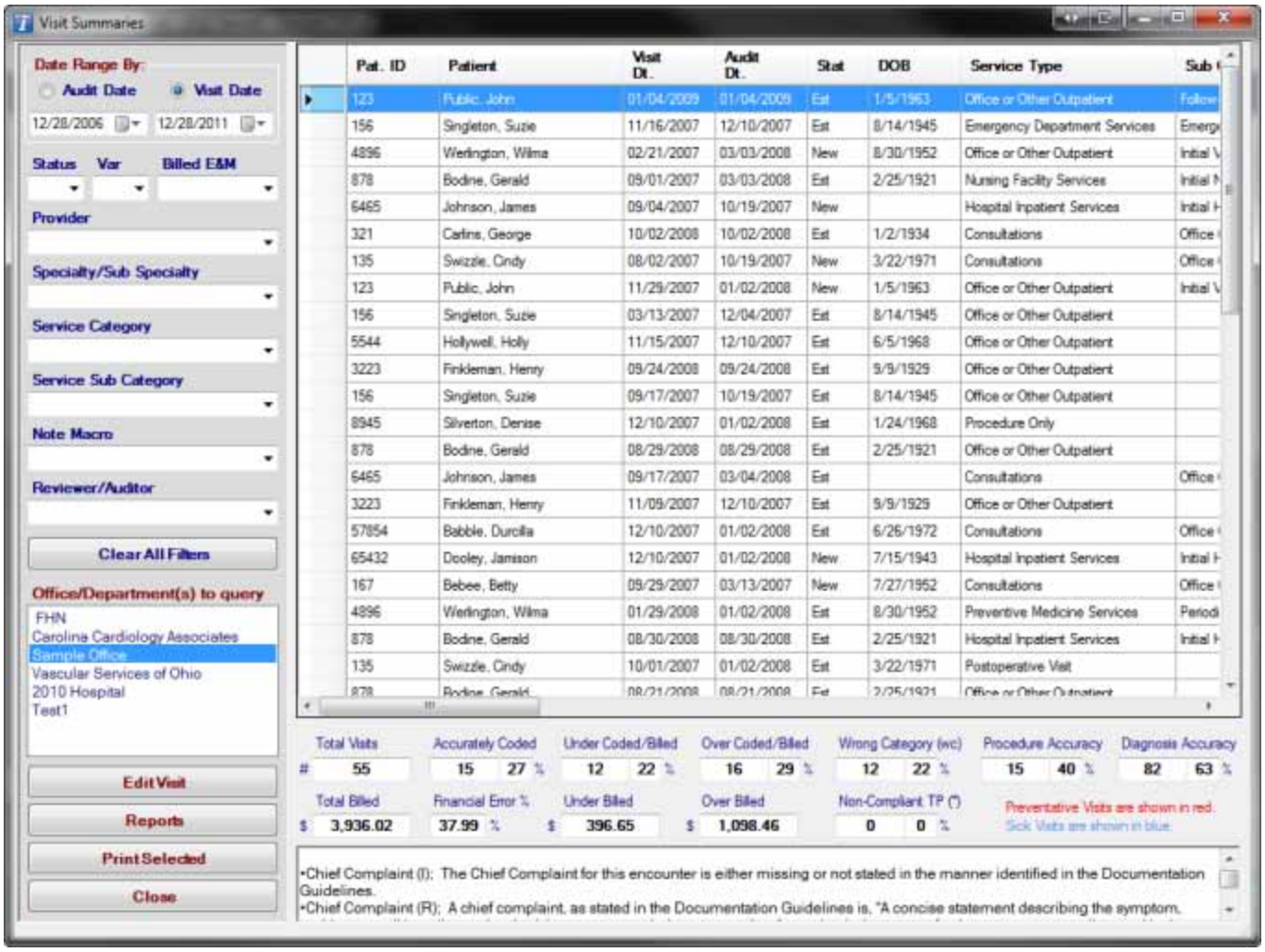
ii. The **Reviewer / Auditor** filter is the last drop down box on the left side of the screen.

iii. To filter by Reviewer / Auditor, click on the drop down box and then click on the appropriate Reviewer / Auditor.

k. **Clear All Filters**

i. Intelicode keeps track of your filter settings and retains them even after you have exited the software and returned.

ii. However, if you would simply like to set the filters back to their default settings, click the **Clear All Filters** button.



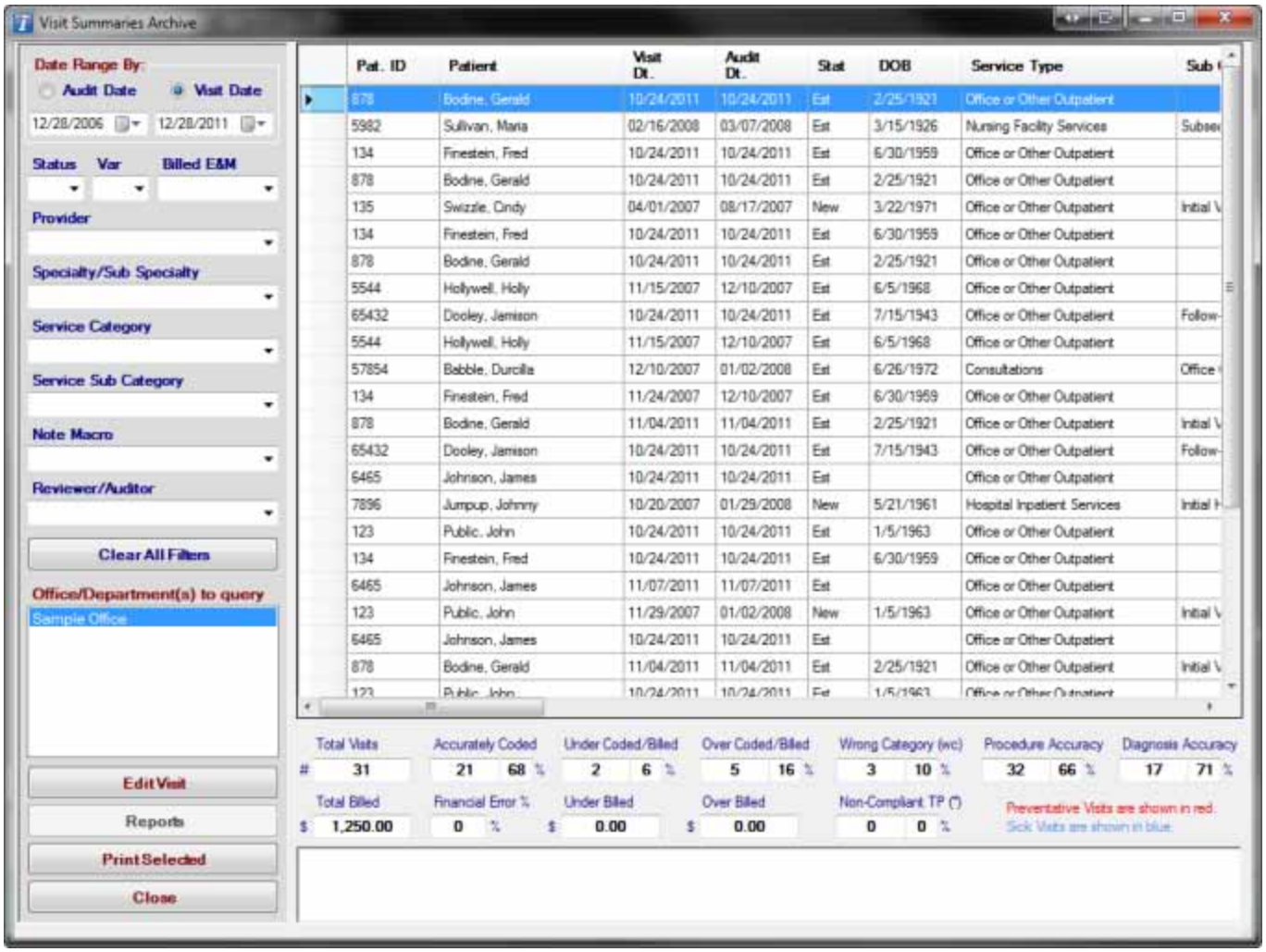
Visit Summaries Archive

1. When you edit a visit, Intelicode keeps the original in its unaltered format.
2. The "edited visit" is saved in **Visit Summaries**.
3. You cannot go back and edit an original once you have changed it, but you can print an **Encounter Detail Report** of it or delete it.
4. To access the **Visit Summaries Archive** screen, click on the **Visits** menu at the top of the screen. Then, click on **Visit Summaries Archive**.
5. The **Visit Summaries Archive** screen is very similar to the **Visit Summaries** screen with a few differences:
    a. The visits showing on the **Visit Summaries Archive** page are only those visits that have been edited. The edited, updated version of the visit appears in the **Visit Summaries** grid, while the visit as it was before it was edited appears in the **Visit Summaries Archive** grid.

b. While you are allowed to edit a visit from the **Visit Summaries** page, you cannot edit an archived visit.

c. With the exception of the **Encounter Detail Report**, reports are not available from the **Visit Summaries Archive** screen.

6. For further instructions on how to use this screen, see the Visit Summaries help page.

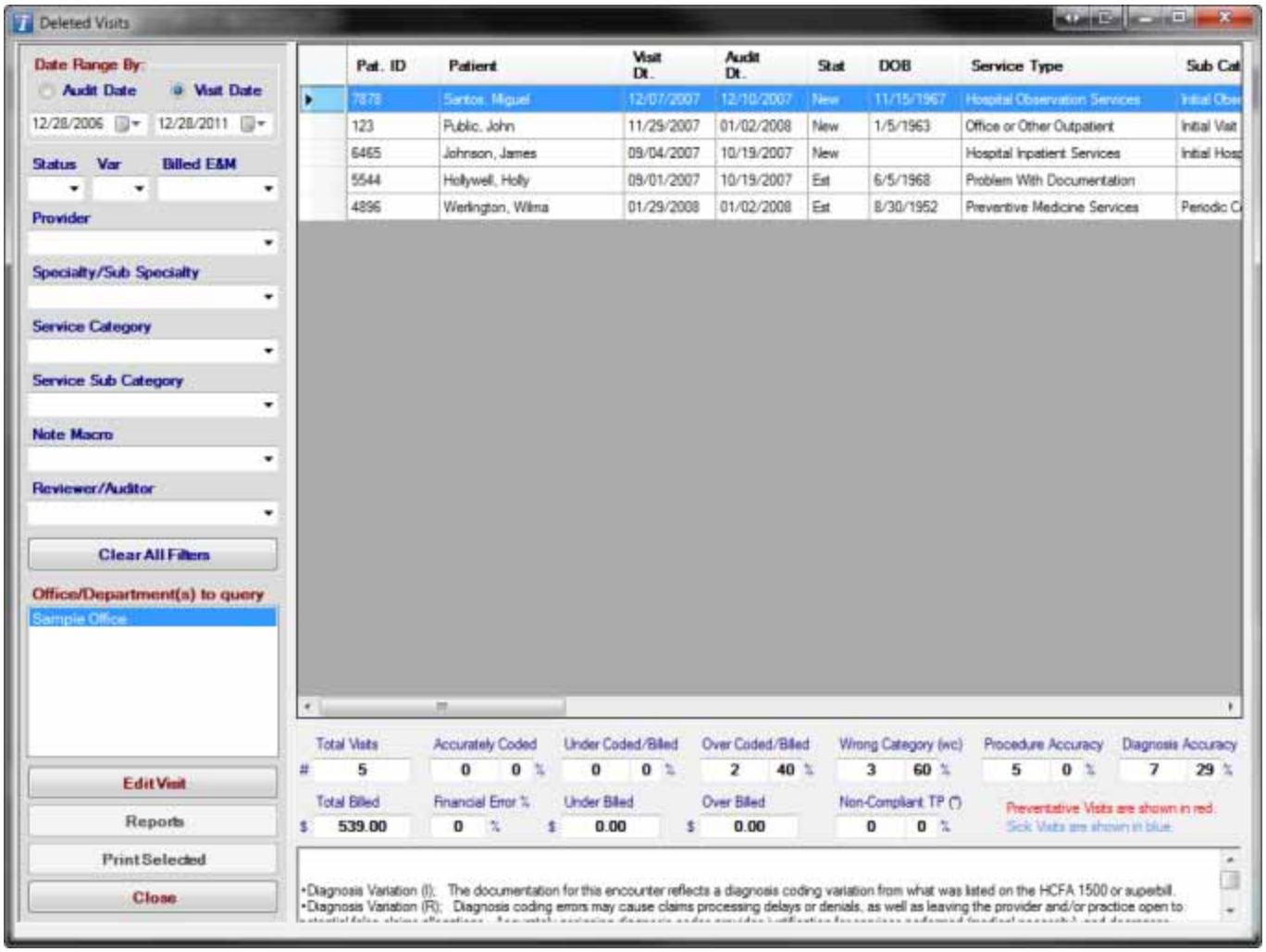

Visit Summaries Archive
Date Range By:
Audit Date
Visit Date
12/28/2006
12/28/2011
Status
Var
Billed E&M
Provider
Specialty/Sub Specialty
Service Category
Service Sub Category
Note Macro
Reviewer/Auditor
Clear All Filters
Office/Department(s) to query
Sample Office
Edit Visit
Reports
Print Selected
Close
Pat. ID
Patient
Visit Dt.
Audit Dt.
Stat
DOB
Service Type
878 Bodine, Gerald 10/24/2011 10/24/2011 Est 2/25/1921 Office or Other Outpatient
5982 Sullivan, Maria 02/16/2008 03/07/2008 Est 3/15/1926 Nursing Facility Services
134 Finestein, Fred 10/24/2011 10/24/2011 Est 6/30/1959 Office or Other Outpatient
878 Bodine, Gerald 10/24/2011 10/24/2011 Est 2/25/1921 Office or Other Outpatient
135 Swizzle, Cindy 04/01/2007 08/17/2007 New 3/22/1971 Office or Other Outpatient
134 Finestein, Fred 10/24/2011 10/24/2011 Est 6/30/1959 Office or Other Outpatient
878 Bodine, Gerald 10/24/2011 10/24/2011 Est 2/25/1921 Office or Other Outpatient
5544 Hollywell, Holly 11/15/2007 12/10/2007 Est 6/5/1968 Office or Other Outpatient
65432 Dooley, Jamison 10/24/2011 10/24/2011 Est 7/15/1943 Office or Other Outpatient
5544 Hollywell, Holly 11/15/2007 12/10/2007 Est 6/5/1968 Office or Other Outpatient
57854 Babble, Durcilla 12/10/2007 01/02/2008 Est 6/26/1972 Consultations
134 Finestein, Fred 11/24/2007 12/10/2007 Est 6/30/1959 Office or Other Outpatient
878 Bodine, Gerald 11/04/2011 11/04/2011 Est 2/25/1921 Office or Other Outpatient
65432 Dooley, Jamison 10/24/2011 10/24/2011 Est 7/15/1943 Office or Other Outpatient
6465 Johnson, James 10/24/2011 10/24/2011 Est Office or Other Outpatient
7896 Jumpup, Johnny 10/20/2007 01/29/2008 New 5/21/1961 Hospital Inpatient Services
123 Public, John 10/24/2011 10/24/2011 Est 1/5/1963 Office or Other Outpatient
134 Finestein, Fred 10/24/2011 10/24/2011 Est 6/30/1959 Office or Other Outpatient
6465 Johnson, James 11/07/2011 11/07/2011 Est Office or Other Outpatient
123 Public, John 11/29/2007 01/02/2008 New 1/5/1963 Office or Other Outpatient
6465 Johnson, James 10/24/2011 10/24/2011 Est Office or Other Outpatient
878 Bodine, Gerald 11/04/2011 11/04/2011 Est 2/25/1921 Office or Other Outpatient
Total Visits
31
Accurately Coded
21 68 %
Under Coded/Billed
2 6 %
Over Coded/Billed
5 16 %
Wrong Category (wc)
3 10 %
Procedure Accuracy
32 66 %
Diagnosis Accuracy
17 71 %
Total Billed
$ 1,250.00
Financial Error %
0 %
Under Billed
$ 0.00
Over Billed
$ 0.00
Non-Compliant TP (*)
0 0 %
Preventative Visits are shown in red.

Deleted Visits

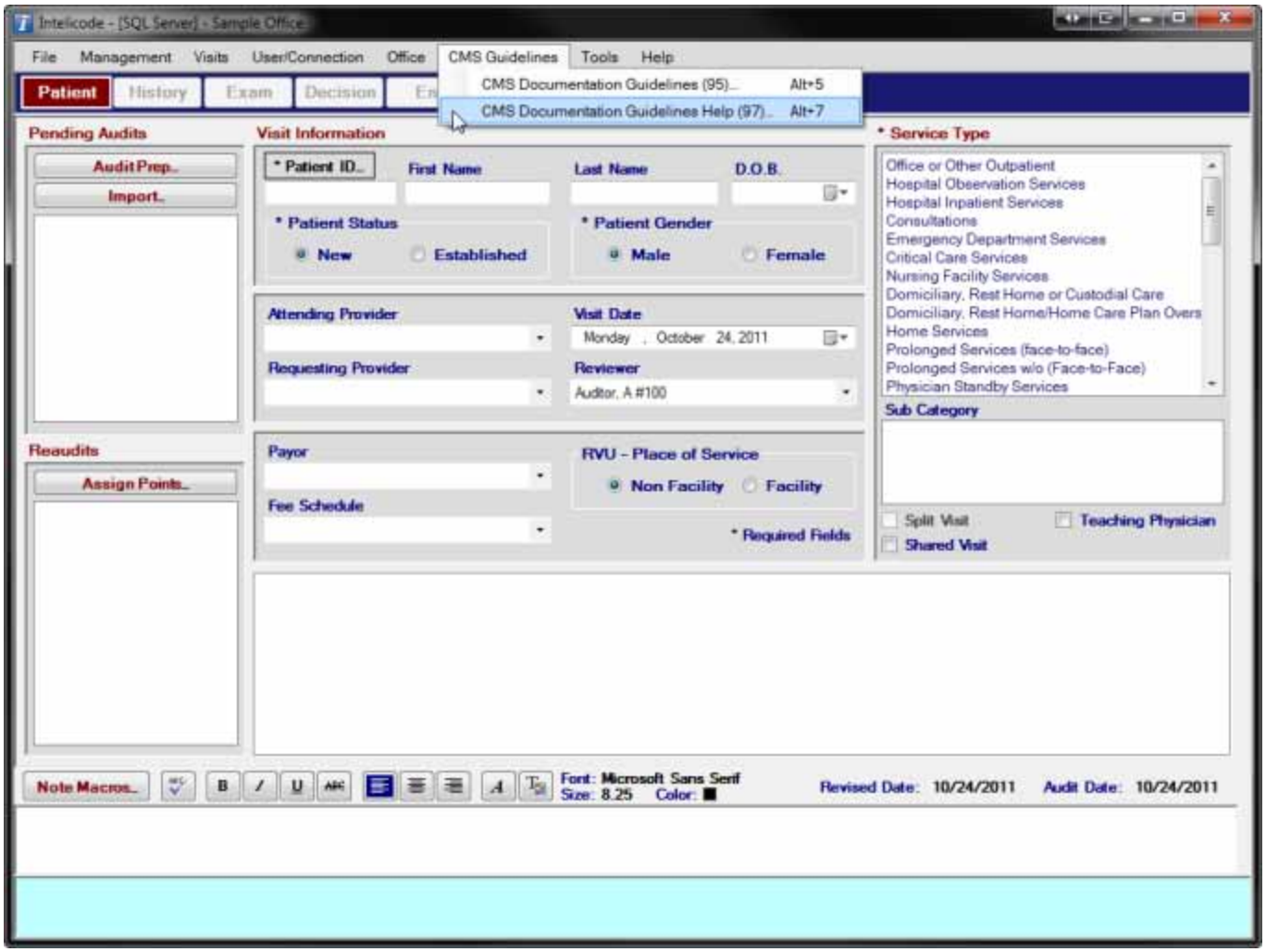
1. When you delete a visit, Intelicode keeps the original in the **Deleted Visits** table.
2. You cannot go back and edit an original once you have deleted it.
3. To access the **Deleted Visits** screen, click on the **Visits** menu at the top of the screen. Then, click on **Deleted Visits**.
4. To permanently delete deleted visit(s), select the deleted visit(s) you wish to permanently delete and right-click on the grid. Then, click **Permanently Deleted**

Visits. You will be asked if you want to permanently delete the visit(s). Click **Yes** to permanently delete the visit(s).

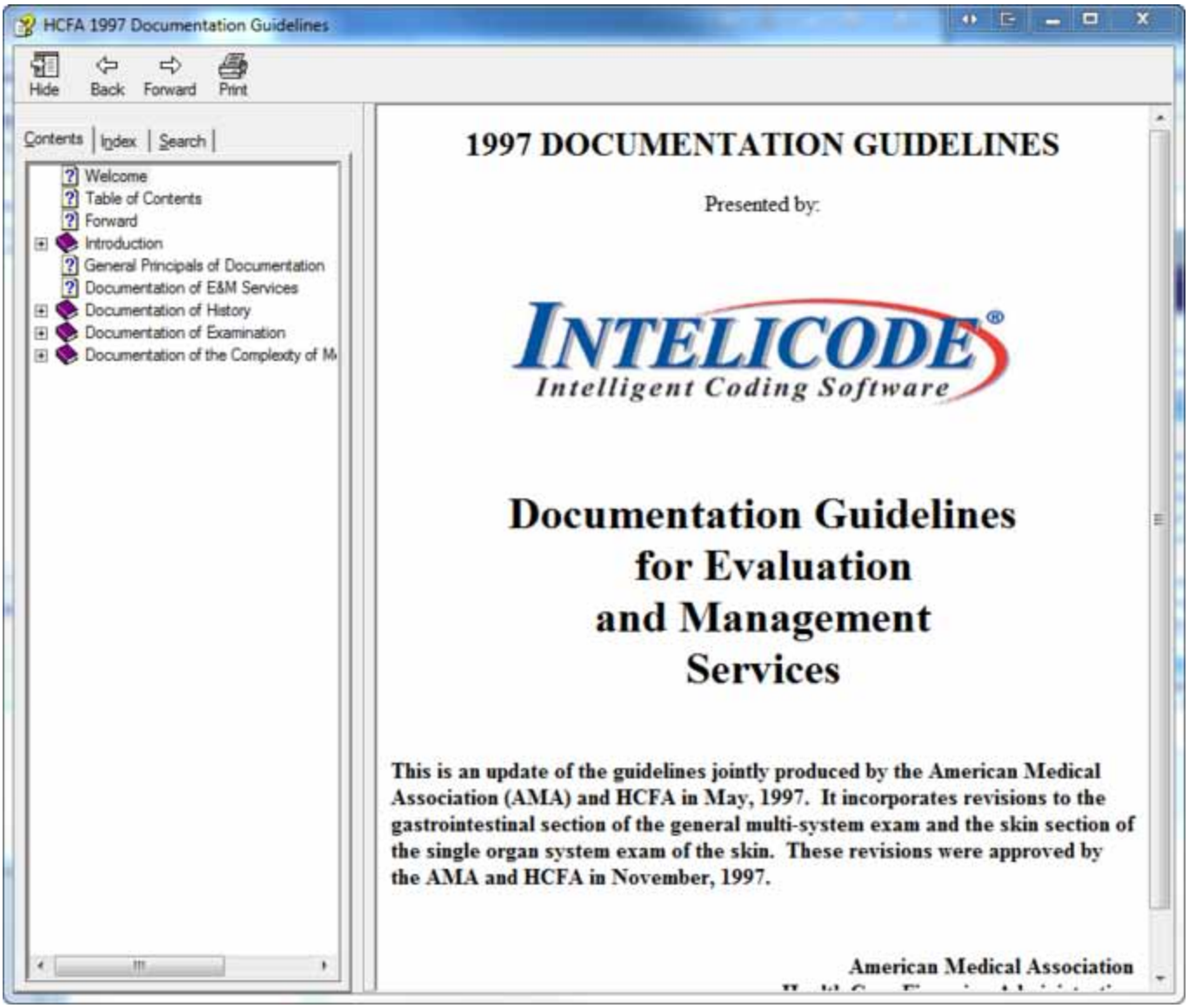
5. To restore deleted visit(s), select the deleted visit(s) you wish to restore and right-click on the grid. Click **Restore Deleted Visit(s)**. The visit(s) is removed from the **Deleted Visits** screen and can now be found on the **Visit Summaries** screen.
6. The **Deleted Visits** screen is very similar to the **Visit Summaries** screen with a few differences:
    a. The visits showing on the **Deleted Visits** page are only those visits that have been deleted. The **Visit Summaries** screen does not show any deleted visits.
    b. While you are allowed to edit a visit from the **Visit Summaries** page, you cannot edit a deleted visit.
    c. Reports are not available from the **Deleted Visits** screen.
7. For further instructions on how to use this screen, see the Visit Summaries help page.



To access the **CMS Documentation Guidelines** for either 1995 or 1997, click on the **CMS Guidelines** menu at the top of the screen and select which documentation guidelines you wish to look at.



A new window will pop up in which you can view and print the various sections of the document guidelines.


HCFA 1997 Documentation Guidelines
Hide
Back
Forward
Print
Contents
Index
Search
Welcome
Table of Contents
Forward
Introduction
General Principals of Documentation
Documentation of E&M Services
Documentation of History
Documentation of Examination
Documentation of the Complexity of M
1997 DOCUMENTATION GUIDELINES
Presented by:
INTELICODE®
Intelligent Coding Software
Documentation Guidelines for Evaluation and Management Services
This is an update of the guidelines jointly produced by the American Medical Association (AMA) and HCFA in May, 1997. It incorporates revisions to the gastrointestinal section of the general multi-system exam and the skin section of the single organ system exam of the skin. These revisions were approved by the AMA and HCFA in November, 1997.
American Medical Association

Preferences

1. To access the **Preferences**, click on the **Preferences** menu at the top of the screen. A new window will pop up in which you can set your Intelicode preferences. Select the desired Exam Type by clicking on it.
2. To set which **Exam Type** will be entered by default, click on the drop down box just below the **Default Exam Type** heading in the upper-left part of the **Preferences** screen.
3. On the **End** screen, diagnosis codes are entered by typing in either the code or the description, and a list pops up with possible entries to select. By default, Intelicode looks for the user to type in the diagnosis code. To set Intelicode to look for the diagnosis description instead, click on the drop down box just beneath the **Enter Dx Codes by** heading. Select **Description** by clicking on it.

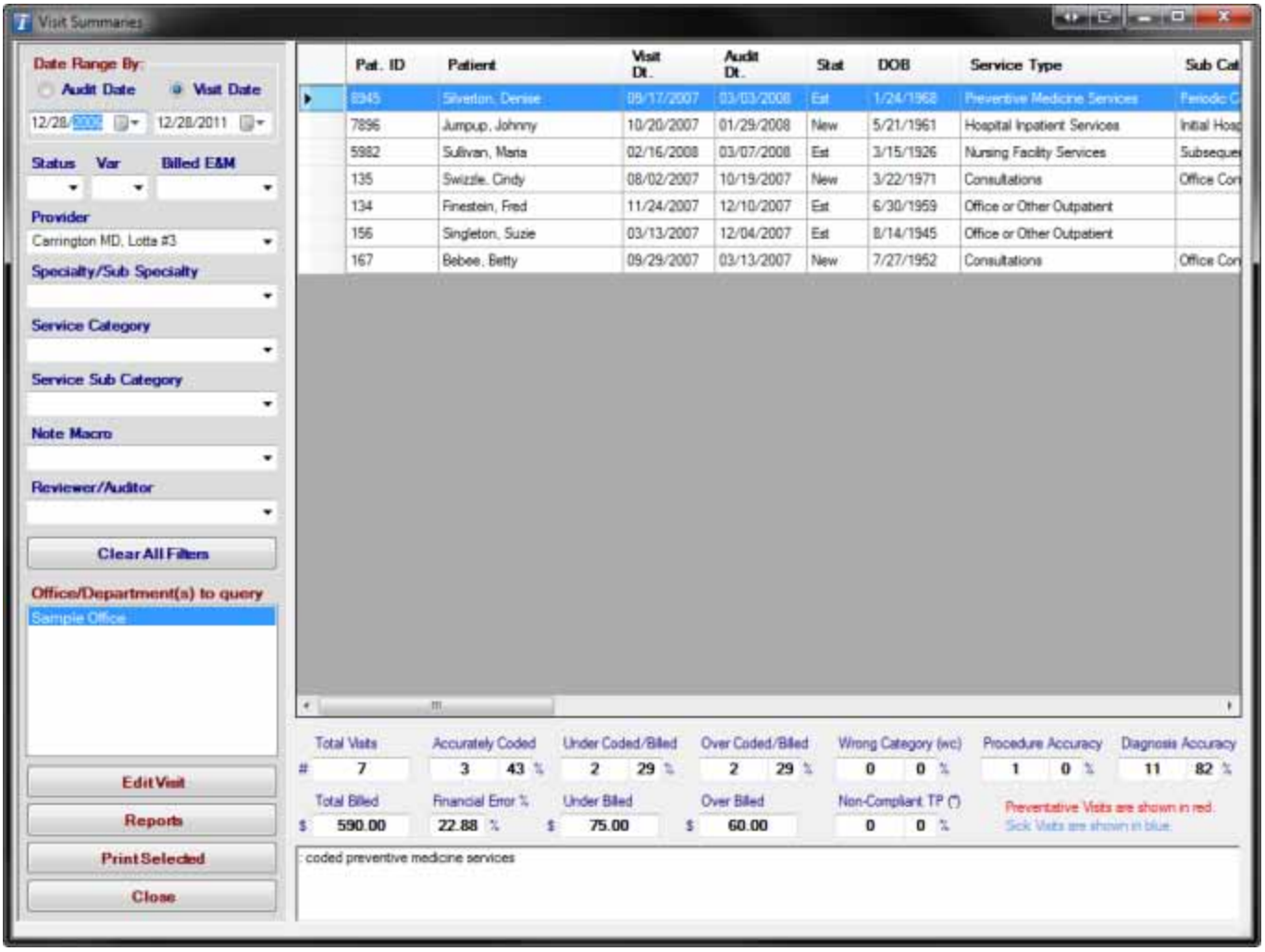
4. To set the preference for CPT codes, follow the same instructions above only for the dropdown box just beneath the **Enter CPT Codes by** heading.
5. To set the **Default MDM** to be used, click on the drop down box just beneath the **Default MDM** heading. Select either **Marshfield** or **Trailblazer**.
6. To set the criteria by which the RVUs will be calculated, click on **Work**, **Malpractice**, **Practice Expense (PE)**, or **Total** from the **RVU's** section.
7. To set the **Conversion Factor / Multiplier** for the **Fees**, either type in the percentage in the box just to the left of the **Conversion Factor / Multiplier** heading in the **Fees** section, or click on the arrows to move the percentage up or down by increments of one.

Reports and Printing

Encounter Detail Report

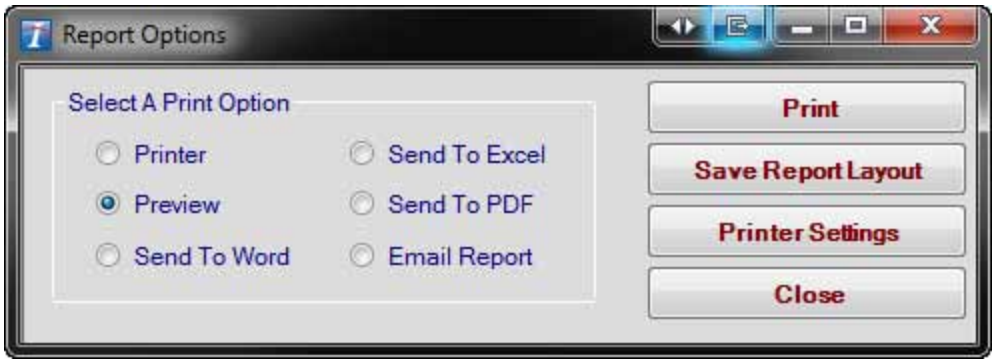
The **Encounter Detail Report** can be printed at the end of the audit from the **Finish** screen or later from Visit Summaries. To print from Visit Summaries, follow these simple steps.

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs. In our example below, we chose "**Dr. Carrington**" from the **Provider** list.



3. Select a visit by clicking on a row in the grid. (Or select more than one by using the **Ctrl** key or the **Shift** key.)

4. Next, click the **Print Selected** button (located in the lower-left corner of the screen) and choose your Report Options
5. Click **Print** to print the report.
6. See the **Print Options** section of the Report Options help page for more information about how to use the features on this screen.



Sample Office
123 Anywhere Lane
Midwest,IN,46723

Encounter Detail Report

260-555-1212
260-555-1215

PatID: 8945	Pt. Name: Silverton, Denise	Sex: F	DOB: 1/24/1968	Visit Dt: 9/17/2007	Audit Dt: 3/3/2008

Provider:	Carrington MD, Lotta	**Face to Face:**	0 Minutes	**Specialty:**	Cardiology	**ProviderRVU:**	0
Service Category:	Preventive Medicine Services	**Counseling:**	0 Minutes	**Fee Schedule:**		**UserRVU:**	0
Sub Category:	Periodic Comprehensive	**Status:**	Est	**Provider Fee:**	$0.00		
Requester:		**Reviewer E:**	99395	**User Fee:**	$0.00		
Reviewer:	Auditor, B	**Provider E:**	99395	**No Difference:**	$0.00	**Variance:**	0

Provider Proc 1 99395 Reviewer Proc 1 99395

History

History of Present Illness (HPI)

Review of Systems (ROS)

Constitutional Symptoms, Eyes, Ears, Nose, Mouth and Throat, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary (Skin/Breast), Psychiatric, Endocrine, Hematologic/Lymphatic, Allergic/Immunologic

Past, Family & Social History (PFSH)

PAST: Current Medications, Prior Illnesses/Injuries, Operations and Hospitalizations, Allergies, Age-Appropriate Immunizations

FAMILY: Health Status or Cause of Death of Parents, Siblings, and Children, Hereditary or High Risk Diseases

SOCIAL: Marital Status, Sexual History, Use of Drugs, Alcohol, or Tobacco

Examination — Body Areas/Organ Systems (95) — Comprehensive (95)

Body Area - Head, including the face
Body Area - Neck
Body Area - Chest, including breasts and axillae
Body Area - Abdomen
Body Area - Genitalia, groin, buttocks
Body Area - Back, including spine
Organ Systems - Constitutional
Organ Systems - Eyes
Organ Systems - Ears, nose, mouth and throat
Organ Systems - Cardiovascular
Organ Systems - Respiratory
Organ Systems - Genitourinary
Organ Systems - Musculoskeletal
Organ Systems - Skin

Medical Decision — Trailblazer — Minimal Complexity

INTELICODES
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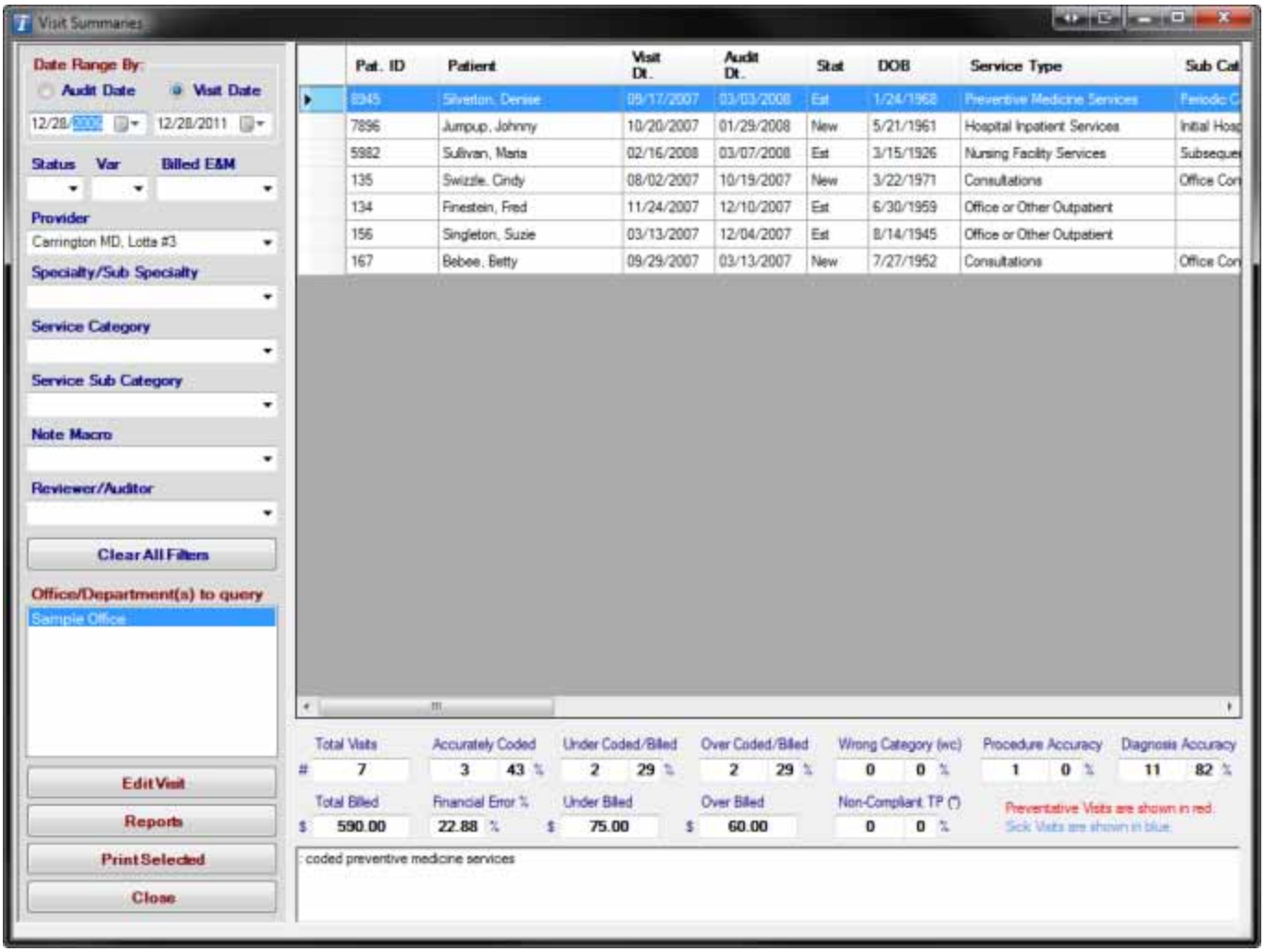
Report Options

When printing various reports from the Visit Summaries screen, you will be presented with this dialogue. Report Options gives you choices about what report to print, how you choose to have the data listed, how you want to print (or "export") the report, and now, for certain reports, you can even choose which columns you want in the report.

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs. In our example below, we chose "**Dr. Carrington**" from the **Provider** list.



3. If you are going to print an **Audit Summary** or a **Custom Provider Accuracy Report**, choose what columns you want available for the report by right-clicking anywhere on the grid and clicking **Select Grid Columns**. For the other reports, the columns are fixed and cannot be changed.

4. For the **Audit Summary** and the **Custom Provider Accuracy Report**, you can determine the order in which the columns will appear on the report. To change the position of a column, click on its heading and drag it to the location that you desire. Repeat this procedure with other columns until you have the column order you are looking for.
5. Choose which office(s) you want to report on by selecting the appropriate office(s) located in the white box just below the **Office/Department(s) to query** heading. Select multiple offices by holding down the **Ctrl** key or the **Shift** key.
6. When you have the desired data set in the grid, click on the **Reports** button in the lower-left portion of the screen. The **Report Options** screen will pop up.
7. **Standard Reports:**
    a. Located in the upper-left portion of the screen, the **Standard Reports** section lists the various standard reports that are available in Intelicode.
    b. To select a standard report, click on its title in the box. Notice that there are different options available for different reports. For example, for two of the reports (**Audit Summary** and **Custom Provider Accuracy Report**) you are able to choose which columns are in the report, a feature new to Intelicode 11.
    c. Once you have selected your Standard Report, you can then begin to select your settings for the report.
8. **Available Columns:**
    a. A list of **Available Columns** can be utilized for the **Audit Summary** and the **Custom Provider Accuracy Report**.
    b. The columns that are currently selected for the report have a bold, maroon font.
    c. The columns that are within a gray background are the default columns.
    d. The columns that have a normal black font are available add to the report. Simply click on the column name to add it.
    e. The columns that have a light gray font are not available due to lack of space. You would need to remove a column (or more) from the report to make more room.
    f. The order in which the columns will appear on the report is shown in blue text just below the **Available Columns**. To change the order of the columns, see the instructions above (#4).
    g. To add a column to the report, click on its text. It will now have a bold, maroon font.
    h. To remove a column from the report, click on a column name that has a bold, maroon font. It will be removed from the report. Its text changes to a normal black font.
9. **Column Gauge:**
    a. Notice the long bar just below the **Available Columns** going across much of the page. This is the **Column Gauge**.

b. The green bar represents how much page space is taken up by the current columns in the report.

c. The current active columns are shown in order just above the gauge.

d. As you add or remove columns, the bar lengthens or shortens accordingly, letting you know how much more width is available on the report.

10. **Miscellaneous Options:**

a. Each report has a different set of miscellaneous options available for output.

b. The miscellaneous options for a particular report are shown with check boxes toward the top of the screen.

c. To add or remove a particular item from your report, check the box by clicking on it or on the text itself.

d. **Diagnosis / Procedure / Modifiers -**

i. The **Diagnosis**, **Procedure**, and **Modifiers** options are available only for the **Audit Summary** and the **Custom Provider Accuracy Report**.

ii. When the **Procedure** box is checked, the report will list each procedure for each encounter.

iii. When the **Diagnosis** box is checked, the report will list each diagnosis for each encounter.

iv. When the **Modifiers** box is checked, even if the **Procedure** box is not checked, each modifier will be shown with its corresponding procedure.

v. When both the **Procedures** box is checked, and the **Diagnosis** box is checked, the report will list each diagnosis for each procedure, for each encounter.

e. **With Notes -** This option, if enabled simply designates whether or not the notes will be present on the report.

f. **By Provider -** This option, if enabled sorts the encounters **By Provider** in alphabetical order. The Provider is shown on the report in a large heading prior to the encounter pertaining to that provider.

g. **With Graph -** This option, if enabled, will place in the report a graph of the current data.

11. **Office Information:**

a. This section is located on the right side of the screen, almost midway down the page.

b. Here you can set various general information (i.e. **Office Name**, **Address**, **Phone Number**, etc.) about your office.

c. This information will appear in the header of the first page of every report.

d. The information will be as you left it each time you enter the **Report Options** screen.

12. **Summary Comments**

a. If you would like to make some summarizing comments that will appear toward the end of your report, type your comments in the white box just below the **Summary Comments** heading.

b. If there are comments that you would like to show repeatedly on a report, you save a report layout by clicking on the **Save Report Layout** button in the **Print Options** section below. The comments that are in the box at the time you saved the report layout will appear every time you use that report layout.

13. **Print Options:**

a. The **Print Options** section is at the bottom of the **Report Options** page. This is the same tool as the **Print Options** window that comes up when running other reports.

b. **Select a Print Option -**

i. **Select a Print Option** by clicking on the circle next to the option you prefer, or you can click on the text itself. Only one option can be active at a time.

ii. If you do not have Microsoft Word installed on your machine, the **Send To Word**, **Send to PDF**, and **Email Report** options are disabled and cannot be used. The same is true for the **Send To Excel** option if you do not have Microsoft Excel installed on your machine.

iii. When the **Preview** option is selected, and the **Print** button is clicked, a window will pop up containing a preview of your report. Click **Print** (located in the lower-left portion of the screen to print the report. Click **Close** to close the window and return to the **Report Options** screen. **Preview** is the default setting.

iv. When the **Printer** option is selected, and the **Print** button is clicked, a familiar **Print** dialog will appear from which you can choose your print options and print.

v. When the **Send To Excel** option is selected, and the **Print** button is clicked, the report is sent to a Microsoft Excel file and you are then given the opportunity to name the file and save it to the location of your choice.

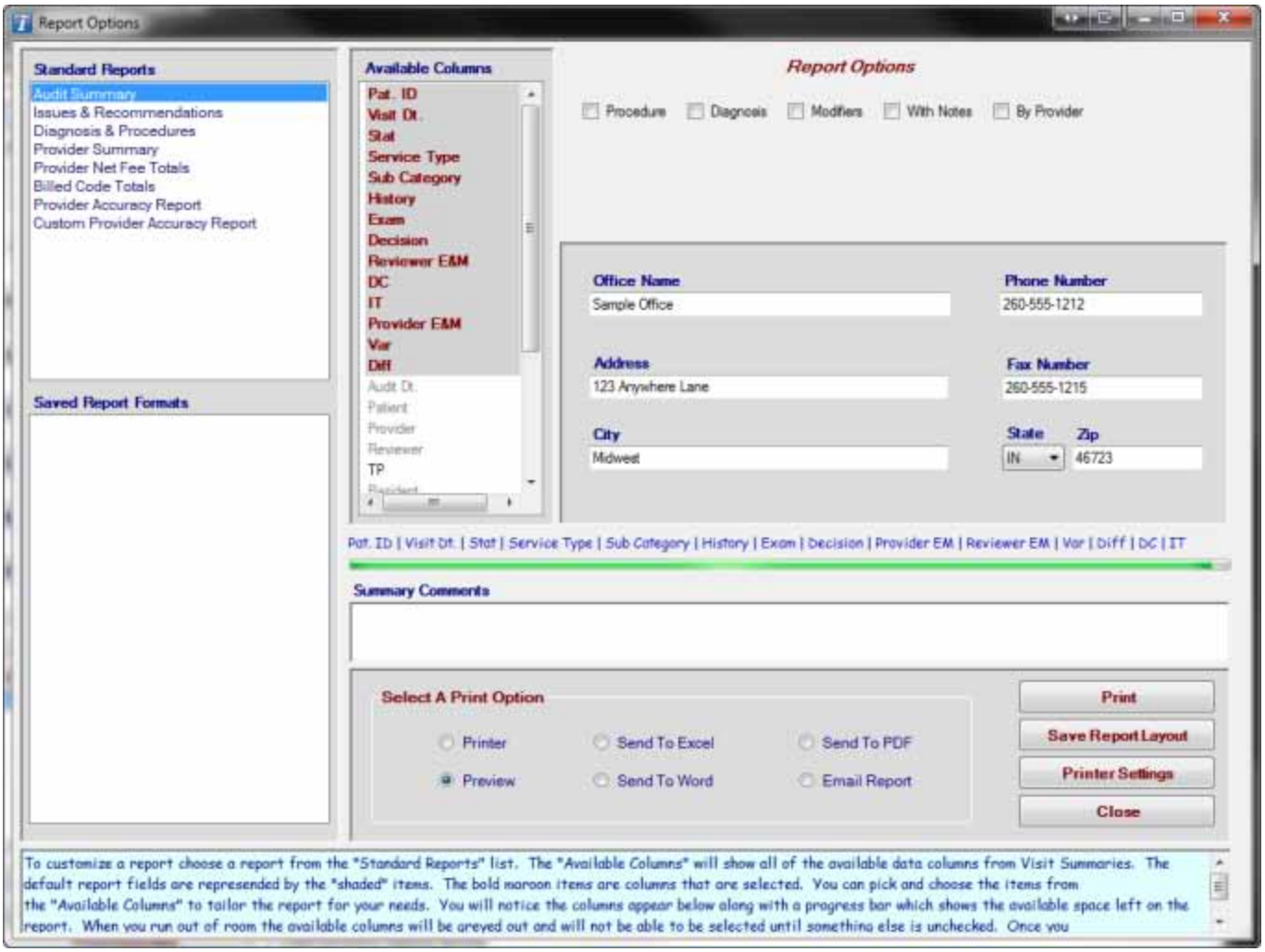
vi. When the **Send To Word** option is selected, and the **Print** button is clicked, the report is sent to a Microsoft Word file and you are then given the opportunity to name the file and save it to the location of your choice.

vii. When the **Send To PDF** option is selected, and the **Print** button is clicked, the report is sent to an Acrobat PDF file and you are then given the opportunity to name the file and save it to the location of your choice.

viii. When the **Email Report** option is selected, and the **Print** button is clicked, a new email is brought up with your report file attached to the email.

c. If the layout of the current report is something that you expect to use again, click on the **Saved Report Layout** button. Type a significant name and click **OK**.

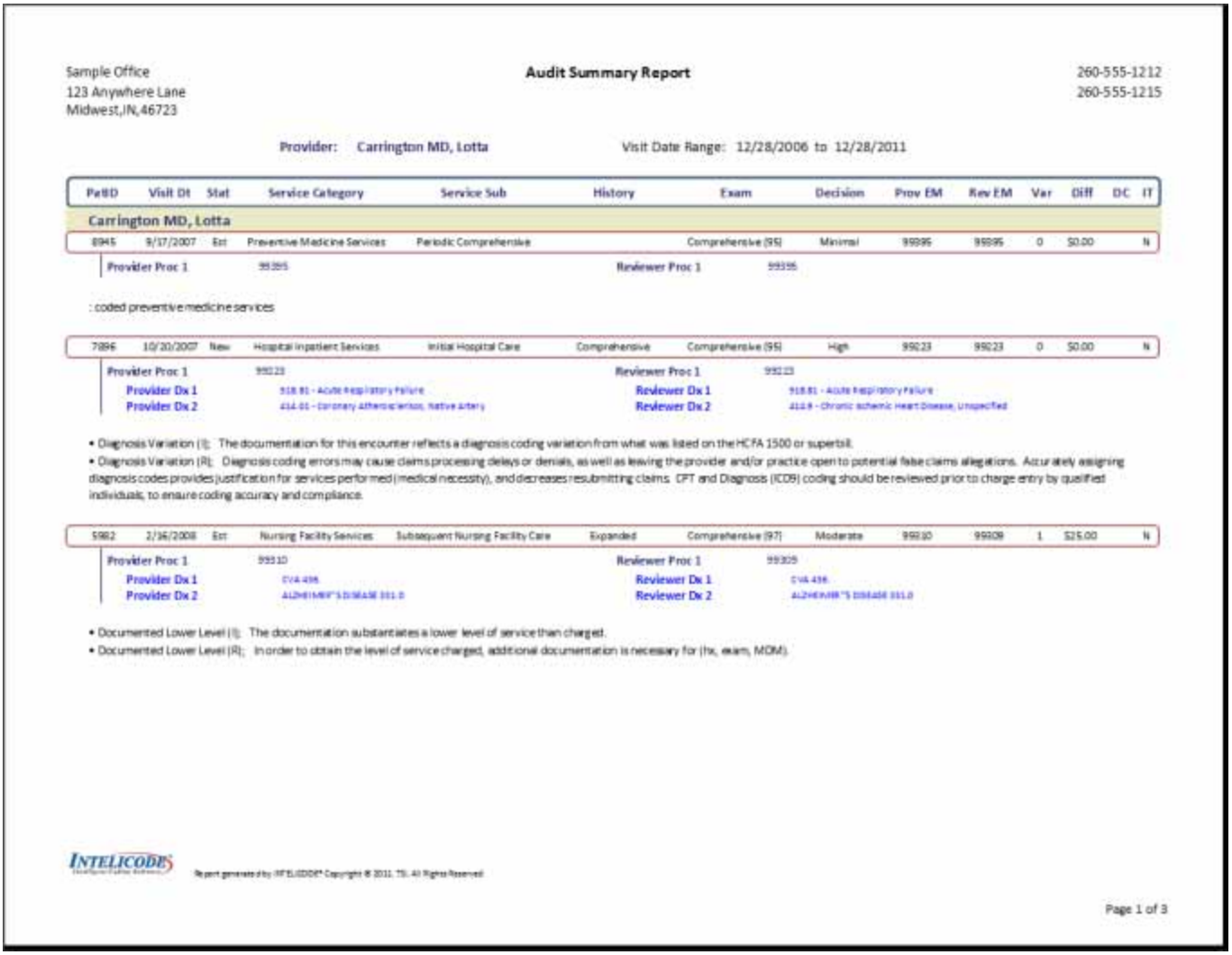
d. When you are finished with the **Report Options** screen, click the **Close** button.


Report Options
Standard Reports
Audit Summary
Issues & Recommendations
Diagnosis & Procedures
Provider Summary
Provider Net Fee Totals
Billed Code Totals
Provider Accuracy Report
Custom Provider Accuracy Report
Saved Report Formats
Available Columns
Pat. ID
Visit Dt.
Stat
Service Type
Sub Category
History
Exam
Decision
Reviewer E&M
DC
IT
Provider E&M
Var
Diff
Audit Dt.
Patient
Provider
Reviewer
TP
Report Options
Procedure
Diagnosis
Modifiers
With Notes
By Provider
Office Name
Sample Office
Phone Number
260-555-1212
Address
123 Anywhere Lane
Fax Number
260-555-1215
City
Midwest
State
IN
Zip
46723
Pat. ID | Visit Dt. | Stat | Service Type | Sub Category | History | Exam | Decision | Provider EM | Reviewer EM | Var | Diff | DC | IT
Summary Comments
Select A Print Option
Printer
Send To Excel
Send To PDF
Preview
Send To Word
Email Report
Print
Save Report Layout
Printer Settings
Close
To customize a report choose a report from the "Standard Reports" list. The "Available Columns" will show all of the available data columns from Visit Summaries. The default report fields are represended by the "shaded" items. The bold maroon items are columns that are selected. You can pick and choose the items from the "Available Columns" to tailor the report for your needs. You will notice the columns appear below along with a progress bar which shows the available space left on the report. When you run out of room the available columns will be greyed out and will not be able to be selected until something else is unchecked. Once you

Audit Summary

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up. **Audit Summary** is selected by default.
4. If the format for your **Audit Summary** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Choose the options you would like for your **Audit Summary**. See the Report Options help page for more information on how to format your report.
6. When you have the desired format, **Select a Print Option** and click **Print**.



Sample Office
123 Anywhere Lane
Midwest,IN,46723

Audit Summary Report

260-555-1212
260-555-1215

Provider: Carrington MD, Lotta **Visit Date Range:** 12/28/2006 to 12/28/2011

PatID	Visit Dt	Stat	Service Category	Service Sub	History	Exam	Decision	Prov EM	Rev EM	Var	Diff	DC	IT
Carrington MD, Lotta													
8945	9/17/2007	Est	Preventive Medicine Services	Periodic Comprehensive		Comprehensive (95)	Minimal	99395	99395	0	$0.00		N
Provider Proc 1			99395			Reviewer Proc 1		99396					
: coded preventive medicine services													
7896	10/20/2007	New	Hospital Inpatient Services	Initial Hospital Care	Comprehensive	Comprehensive (95)	High	99223	99223	0	$0.00		N
Provider Proc 1			99223			Reviewer Proc 1		99223					
Provider Dx 1			518.81 - Acute respiratory failure			Reviewer Dx 1		518.81 - Acute respiratory failure					
Provider Dx 2			414.01 - Coronary atherosclerosis, native artery			Reviewer Dx 2		414.9 - Chronic ischemic heart disease, unspecified					
5982	2/16/2008	Est	Nursing Facility Services	Subsequent Nursing Facility Care	Expanded	Comprehensive (97)	Moderate	99310	99309	1	$25.00		N
Provider Proc 1			99310			Reviewer Proc 1		99309					
Provider Dx 1			CVA 436			Reviewer Dx 1		CVA 436					
Provider Dx 2			ALZHEIMER'S DISEASE 331.0			Reviewer Dx 2		ALZHEIMER'S DISEASE 331.0					

- Diagnosis Variation (I): The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.
- Diagnosis Variation (R): Diagnosis coding errors may cause claims processing delays or denials, as well as leaving the provider and/or practice open to potential false claims allegations. Accurately assigning diagnosis codes provides justification for services performed (medical necessity), and decreases resubmitting claims. CPT and Diagnosis (ICD9) coding should be reviewed prior to charge entry by qualified individuals, to ensure coding accuracy and compliance.

- Documented Lower Level (I): The documentation substantiates a lower level of service than charged.
- Documented Lower Level (R): In order to obtain the level of service charged, additional documentation is necessary for (hx, exam, MDM).

INTELICODES

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Page 1 of 3

Issues and Recommendations

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Issues and Recommendations** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the

name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Otherwise, click on **Issues & Recommendations** under **Standard Reports** in the upper-left portion of the screen.
6. The **Issues and Recommendations** report is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN, 46723

Issues & Recommendations Report

260-555-1212
260-555-1215

Visit Date Range: 12/28/2006 To 12/28/2011

Auditor: Auditor A

All Providers:

Number of Reports Audited: 7

Comments:

Records Accurately Coded	3	43%
Records Over Coded	2	29%
Records Under Coded	2	29%
Records Wrong Category (wc)	0	0%

Document and Coding Issues

1 Encounter(s) had the issues of: ***Diagnosis Variation (I)***

The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.

2 Encounter(s) had the issues of: ***Documented Lower Level (I)***

The documentation substantiates a lower level of service than charged.

1 Encounter(s) had the issues of: ***Assessment (I)***

The assessment is not clearly stated for this encounter. Documentation Guidelines states "The documentation for each patient encounter should include: . . . assessment, clinical impression or diagnosis . . ."

1 Encounter(s) had the issues of: ***Documented Higher Level (I)***

The documentation substantiates a higher level of service than charged.

Recommendations

Diagnosis Variation (R)

Diagnosis coding errors may cause claims processing delays or denials, as well as leaving the provider and/or practice open to potential false claims allegations. Accurately assigning diagnosis codes provides justification for services performed (medical necessity), and decreases resubmitting claims. CPT and Diagnosis (ICD9) coding should be reviewed prior to charge entry by qualified individuals, to ensure coding accuracy and compliance.

Documented Lower Level (R)

In order to obtain the level of service charged, additional documentation is necessary for (hx, exam, MDM).

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Diagnosis and Procedures

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Diagnosis and Procedures** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Diagnosis & Procedures** under **Standard Reports** in the upper-left portion of the screen.
6. If you want graphs on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.
7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.
8. When you have the desired format, **Select a Print Option** and click **Print**.

Provider Summary

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Provider Summary** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Provider Summary** under **Standard Reports** in the upper-left portion of the screen.

6. The **Provider Summary** is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest, IN, 46723

Provider Summary

260-555-1212
260-555-1215

All Providers Visit Date Range: 12/28/2006 to 12/28/2011

PatID	Visit Dt	Patient	Reviewer	DC	TP	IT	Provider	Var
878	8/30/2008	Bodine, Gerald	99221				99221	0
878	8/30/2008	Bodine, Gerald	99221				99221	0
878	8/29/2008	Bodine, Gerald	99211					WC
878	8/24/2008	Bodine, Gerald	99213				99214	1
878	8/29/2008	Bodine, Gerald	99211					WC
878	8/21/2008	Bodine, Gerald	99211					WC
321	11/16/2007	Carlins, George	99213				99212	-1
65465	8/1/2008	Courtner, Gerald	99211					WC
134	8/14/2008	Finestein, Fred						0
5544	12/28/2011	Hollywell, Holly	99212				99212	0
8945	12/10/2007	Silverton, Denise	Procedure				99214	WC

Total Visits	Accurately Coded		Under Coded/Billed (-)		Over Coded/Billed (+)		Wrong Category (wc)	
11	4	36.36%	1	9.09%	1	9.09%	5	45.45%

Total Diagnoses	Diagnoses Correct		Diagnoses Incorrect		Total Procedures (+)	Procedures Correct		Procedures Incorrect	
7	1	14.29%	6	85.71%	15	6	40.00%	9	60.00%

Carrington MD, Lotta

PatID	Visit Dt	Patient	Reviewer	DC	TP	IT	Provider	Var
167	9/29/2007	Bebee, Betty	99243				99242	-1
134	11/24/2007	Finestein, Fred	99214				99213	-1
7896	10/20/2007	Jumpup, Johnny	99223				99223	0
8945	9/17/2007	Silverton, Denise	99385				99385	0
156	3/13/2007	Singleton, Suzie	99213				99213	0
5982	2/16/2008	Sullivan, Maria	99309				99310	1
135	8/2/2007	Swizzle, Cindy	99243				99244	1

Total Visits	Accurately Coded		Under Coded/Billed (-)		Over Coded/Billed (+)		Wrong Category (wc)	
7	3	42.86%	2	28.57%	2	28.57%	0	0.00%

Total Diagnoses	Diagnoses Correct		Diagnoses Incorrect		Total Procedures (+)	Procedures Correct		Procedures Incorrect	
10	9	90.00%	1	10.00%	7	3	42.86%	4	57.14%

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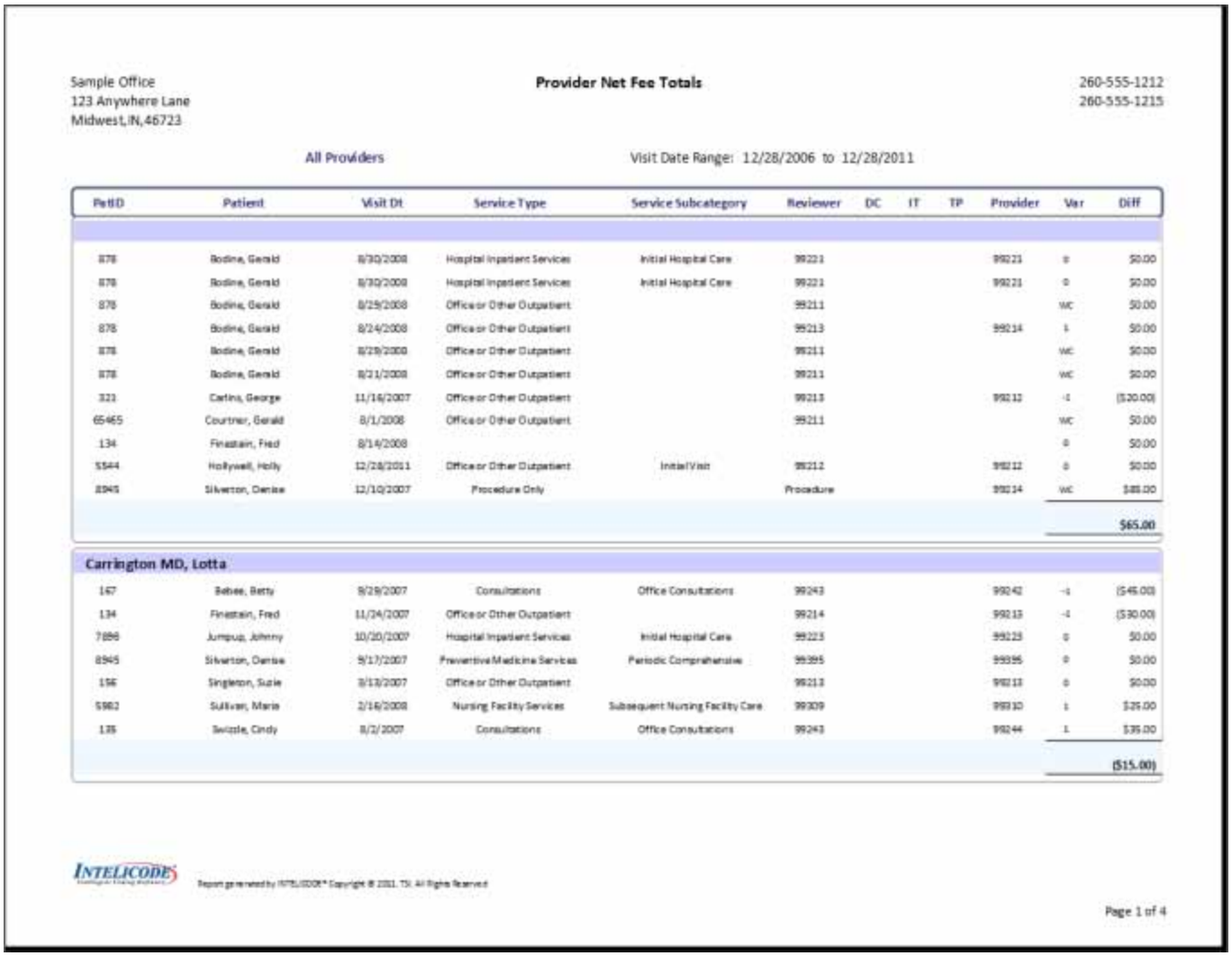
Provider Net Fee Totals

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Provider Net Fee Totals** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Provider Net Fee Totals** under **Standard Reports** in the upper-left portion of the screen.
6. If you want a graph on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.
7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.
8. When you have the desired format, **Select a Print Option** and click **Print**.



Sample Office
123 Anywhere Lane
Midwest,IN,46723

Provider Net Fee Totals

260-555-1212
260-555-1215

All Providers

Visit Date Range: 12/28/2006 to 12/28/2011

PatID	Patient	Visit Dt	Service Type	Service Subcategory	Reviewer	DC	IT	TP	Provider	Var	Diff
878	Bodine, Gerald	8/30/2008	Hospital Inpatient Services	Initial Hospital Care	99221				99221	0	$0.00
878	Bodine, Gerald	8/30/2008	Hospital Inpatient Services	Initial Hospital Care	99221				99221	0	$0.00
878	Bodine, Gerald	8/29/2008	Office or Other Outpatient		99211					WC	$0.00
878	Bodine, Gerald	8/24/2008	Office or Other Outpatient		99213				99214	1	$0.00
878	Bodine, Gerald	8/29/2008	Office or Other Outpatient		99211					WC	$0.00
878	Bodine, Gerald	8/21/2008	Office or Other Outpatient		99211					WC	$0.00
321	Carlins, George	11/14/2007	Office or Other Outpatient		99213				99212	-1	($20.00)
65465	Courtner, Gerald	8/1/2008	Office or Other Outpatient		99211					WC	$0.00
134	Finestein, Fred	8/14/2008								0	$0.00
5544	Hollywell, Holly	12/28/2011	Office or Other Outpatient	Initial Visit	99212				99212	0	$0.00
8945	Silverton, Denise	12/10/2007	Procedure Only		Procedure				99214	WC	$80.00
											$65.00
Carrington MD, Lotta											
167	Bebee, Betty	9/29/2007	Consultations	Office Consultations	99243				99242	-1	($45.00)
134	Finestein, Fred	11/24/2007	Office or Other Outpatient		99214				99213	-1	($30.00)
7896	Jumpup, Johnny	10/20/2007	Hospital Inpatient Services	Initial Hospital Care	99223				99223	0	$0.00
8945	Silverton, Denise	9/17/2007	Preventive Medicine Services	Periodic Comprehensive	99395				99396	0	$0.00
156	Singleton, Susie	9/13/2007	Office or Other Outpatient		99213				99213	0	$0.00
5982	Sullivan, Maria	2/16/2008	Nursing Facility Services	Subsequent Nursing Facility Care	99309				99310	1	$25.00
135	Swizzle, Cindy	8/2/2007	Consultations	Office Consultations	99243				99244	1	$35.00
											($15.00)

INTELICODE

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Billed Code Totals

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Billed Code Totals** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Billed Code Totals** under **Standard Reports** in the upper-left portion of the screen.

6. If you want a graph on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.
7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.
8. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest,IN,46723

Billed Code Totals

260-555-1215

All Providers

Visit Date Range: 12/28/2006 to 12/28/2011

PatID	Patient	Visit Date	Audited CPT	Billed CPT	Difference	Count
321	Carlins, George	10/2/2008	99243	No Code	$0.00	
878	Bodine, Gerald	8/29/2008	99211	No Code	$0.00	
134	Finestein, Fred	8/14/2008	No Code	No Code	$0.00	
878	Bodine, Gerald	8/29/2008	99211	No Code	$0.00	
65465	Courtner, Gerald	8/1/2008	99211	No Code	$0.00	
878	Bodine, Gerald	8/21/2008	99211	No Code	$0.00	
			Totals for Code:	**No Code**	**$0.00**	**6**
1719	Henry, Georgeann	8/17/2007	99203	99202	($15.00)	
			Totals for Code:	**99202**	**($15.00)**	**1**
123	Public, John	9/20/2007	99202	99203	$10.00	
1512	Swarts, Gary	2/16/2008	99203	99203	$0.00	
			Totals for Code:	**99203**	**$10.00**	**2**
135	Swizzle, Cindy	4/1/2007	99203	99204	$20.00	
			Totals for Code:	**99204**	**$20.00**	**1**
4896	Werlington, Wilma	2/21/2007	99203	99205	$45.00	
			Totals for Code:	**99205**	**$45.00**	**1**
321	Carlins, George	11/16/2007	99213	99212	($20.00)	
134	Finestein, Fred	2/22/2008	99211	99212	$15.00	
123	Public, John	1/4/2009	99214	99212	($100.00)	
3123	Finkleman, Henry	9/24/2008	99213	99212	($20.00)	
5544	Hollywell, Holly	12/28/2011	99212	99212	$0.00	
			Totals for Code:	**99212**	**($125.00)**	**5**

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Provider Accuracy Report

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Provider Accuracy Report** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Provider Accuracy Report** under **Standard Reports** in the upper-left portion of the screen.
6. The **Provider Accuracy Report** is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.

Sample Office
123 Anywhere Lane
Midwest,IN,46723

Provider Accuracy Report

260-555-1212
260-555-1215

All Providers Visit Date Range: 12/28/2006 to 12/28/2011

PatID	Visit Dt	Patient	Reviewer	DC	TP	IT	Provider	Var
878	8/30/2008	Bodine, Gerald	99221				99221	0
878	8/30/2008	Bodine, Gerald	99221				99221	0
878	8/29/2008	Bodine, Gerald	99211					WC
878	8/24/2008	Bodine, Gerald	99213				99214	1
878	8/29/2008	Bodine, Gerald	99211					WC
878	8/21/2008	Bodine, Gerald	99211					WC
321	11/16/2007	Carlins, George	99213				99212	-1
65465	8/1/2008	Courtner, Gerald	99211					WC
134	8/14/2008	Finestein, Fred						0
5544	12/28/2011	Hollywell, Holly	99212				99212	0
8945	12/10/2007	Silverton, Denise	Procedure				99214	WC

Total Visits: 11 Accurately Coded: 4 36.36%

Carrington MD, Lotta

167	9/29/2007	Bebee, Betty	99243				99242	-1
134	11/24/2007	Finestein, Fred	99214				99213	-1
7896	10/20/2007	Jumpup, Johnny	99223				99223	0
8945	9/17/2007	Silverton, Denise	99395				99395	0
156	3/13/2007	Singleton, Suzie	99213				99213	0
5882	2/16/2008	Sullivan, Maria	99308				99310	1
135	8/2/2007	Swizzle, Cindy	99243				99244	1

Total Visits: 7 Accurately Coded: 3 42.86%

Farthington MD, Lawrencio

321	10/2/2008	Carlins, George	99243					WC
134	12/6/2007	Finestein, Fred	99212				99213	1
123	1/4/2009	Public, John	99214				99212	-2

Total Visits: 3 Accurately Coded: 0 0.00%

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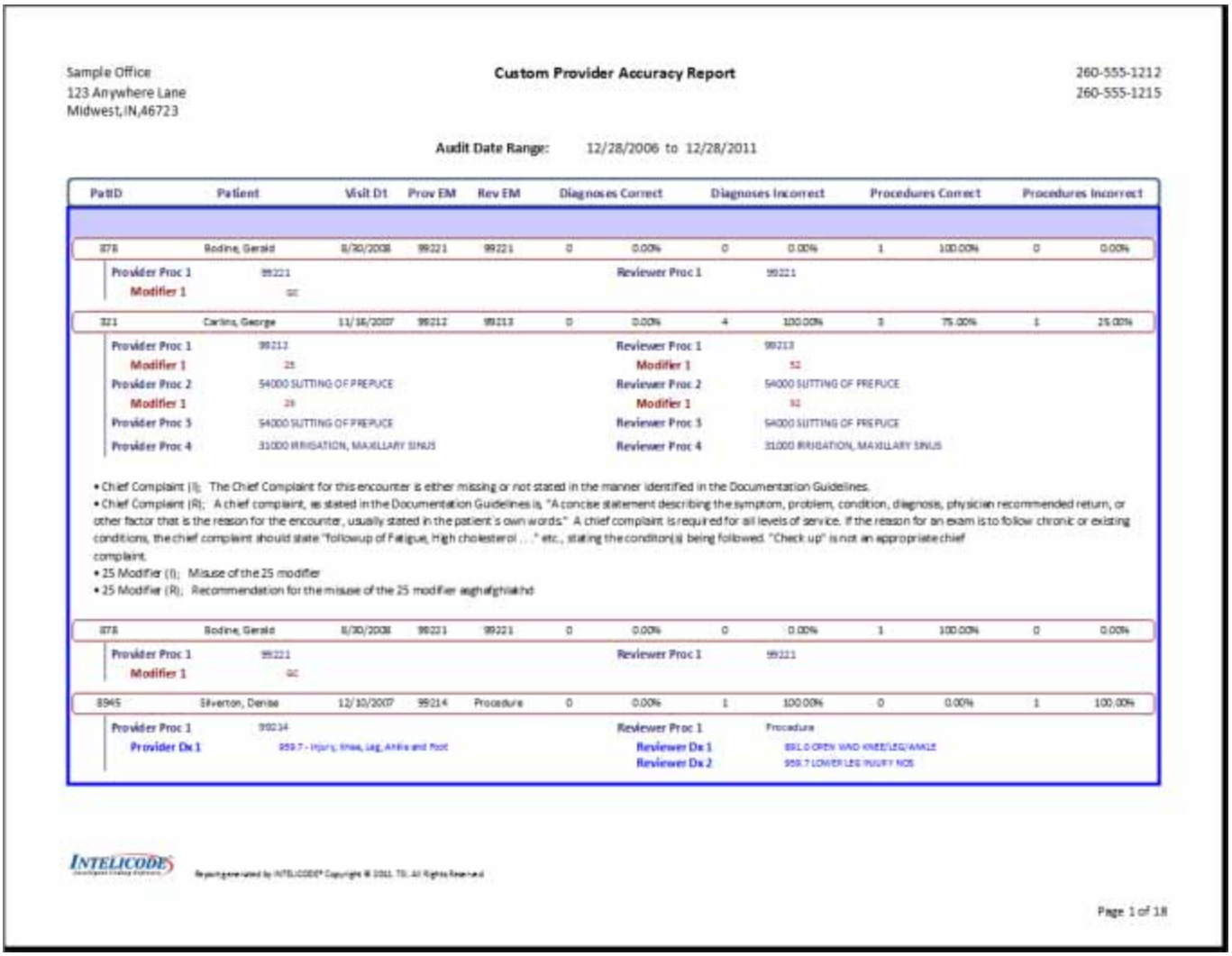
Custom Provider Accuracy Report

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.
3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.
4. If the format for your **Custom Provider Accuracy Report** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.
5. Otherwise, click on **Custom Provider Accuracy Report** under **Standard Reports** in the upper-left portion of the screen.
6. Choose the options you would like for your **Custom Provider Accuracy Report**. See the Report Options help page for more information on how to format your report.
7. When you have the desired format, **Select a Print Option** and click **Print**.



Sample Office
123 Anywhere Lane
Midwest,IN,46723

Custom Provider Accuracy Report

260-555-1212
260-555-1215

Audit Date Range: 12/28/2006 to 12/28/2011

PatID	Patient	Visit Dt	Prov EM	Rev EM	Diagnoses Correct		Diagnoses Incorrect		Procedures Correct		Procedures Incorrect	
878	Bodine, Gerald	8/30/2008	99221	99221	0	0.00%	0	0.00%	1	100.00%	0	0.00%
Provider Proc 1	99221				Reviewer Proc 1	99221						
Modifier 1	GC											
321	Carlins, George	11/16/2007	99212	99213	0	0.00%	4	100.00%	3	75.00%	1	25.00%
Provider Proc 1	99212				Reviewer Proc 1	99213						
Modifier 1	25				Modifier 1	52						
Provider Proc 2	54000 SLITTING OF PREPUCE				Reviewer Proc 2	54000 SLITTING OF PREPUCE						
Modifier 1	59				Modifier 1	52						
Provider Proc 3	54000 SLITTING OF PREPUCE				Reviewer Proc 3	54000 SLITTING OF PREPUCE						
Provider Proc 4	31000 IRRIGATION, MAXILLARY SINUS				Reviewer Proc 4	31000 IRRIGATION, MAXILLARY SINUS						

- Chief Complaint (I): The Chief Complaint for this encounter is either missing or not stated in the manner identified in the Documentation Guidelines.
- Chief Complaint (R): A chief complaint, as stated in the Documentation Guidelines is, "A concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the encounter, usually stated in the patient's own words." A chief complaint is required for all levels of service. If the reason for an exam is to follow chronic or existing conditions, the chief complaint should state "Followup of Fatigue, High cholesterol . . ." etc., stating the condition(s) being followed. "Check up" is not an appropriate chief complaint.
- 25 Modifier (I): Misuse of the 25 modifier
- 25 Modifier (R): Recommendation for the misuse of the 25 modifier asghafghlakhd

PatID	Patient	Visit Dt	Prov EM	Rev EM	Diagnoses Correct		Diagnoses Incorrect		Procedures Correct		Procedures Incorrect	
878	Bodine, Gerald	8/30/2008	99221	99221	0	0.00%	0	0.00%	1	100.00%	0	0.00%
Provider Proc 1	99221				Reviewer Proc 1	99221						
Modifier 1	GC											
8965	Silverton, Denise	12/10/2007	99214	Procedure	0	0.00%	1	100.00%	0	0.00%	1	100.00%
Provider Proc 1	99214				Reviewer Proc 1	Procedure						
Provider Dx 1	959.7 - Injury, Knee, Leg, Ankle and Foot				Reviewer Dx 1	891.0 OPEN WND KNEE/LEG/ANKLE						
					Reviewer Dx 2	959.7 LOWER LEG INJURY NOS						

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Management Reports

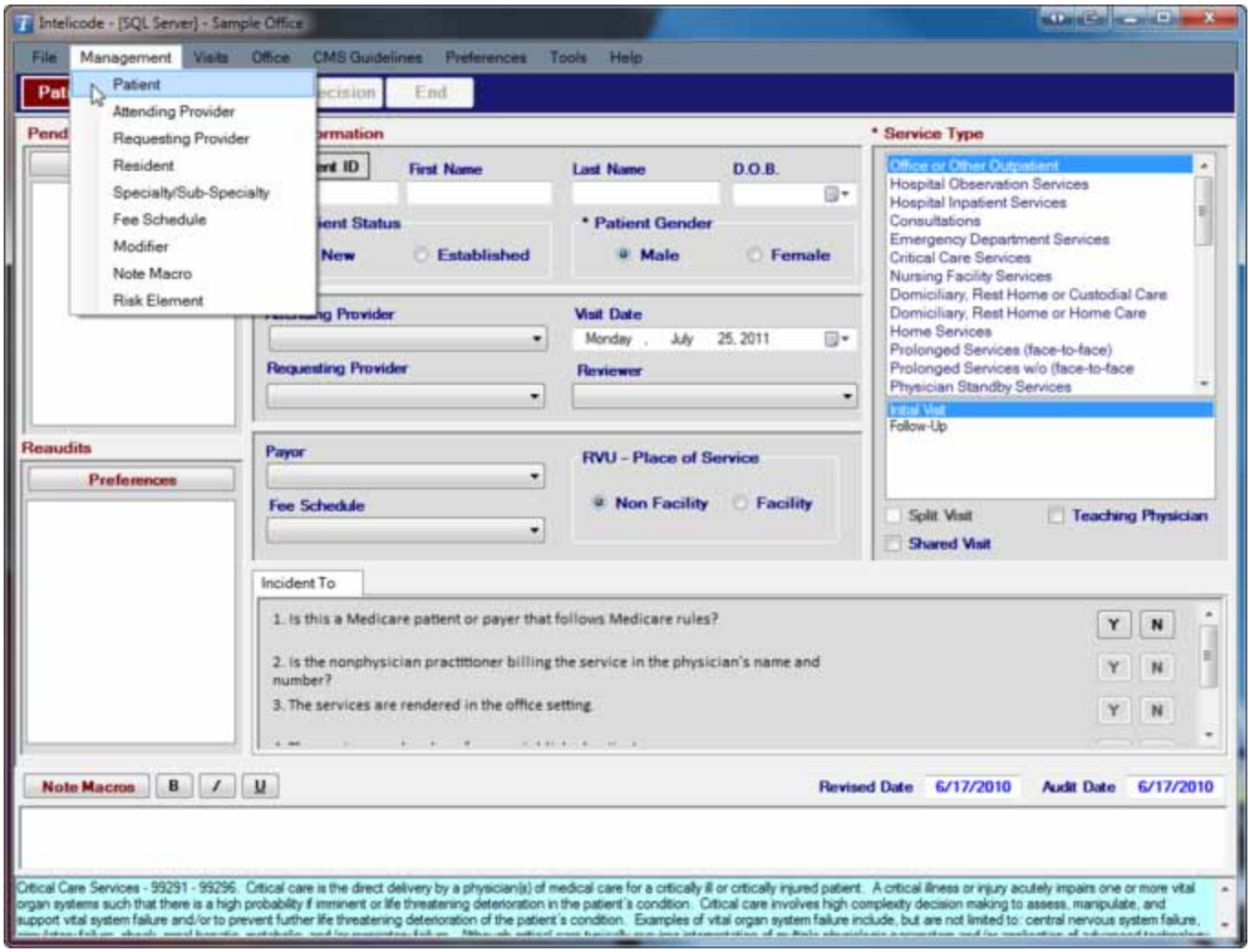
The **Management Reports** are printouts of the management data that is maintained under various tables under the **Management** menu. Follow the steps below for any type of **Management Report**

1. Click on the **Management** menu at the top of the screen.

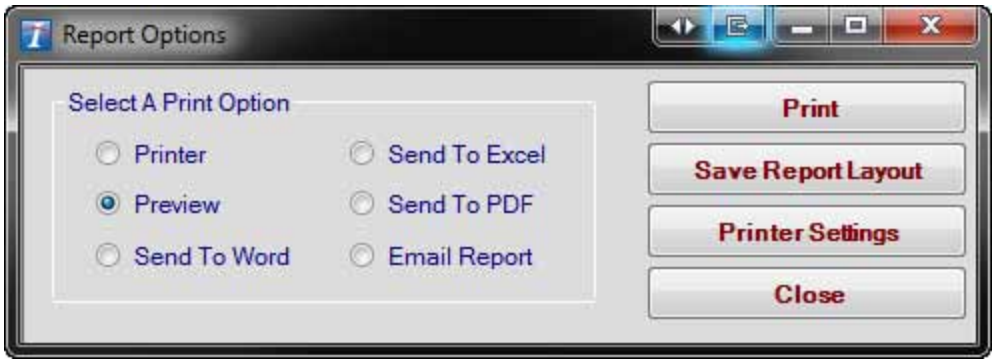
2. Select the type of data you would like to run a report on by clicking on it. The **Management** screen opens showing the data for the report you selected on the right side of the screen.

3. To change the type of report, click on the title on the menu on the left side of the **Management** screen.

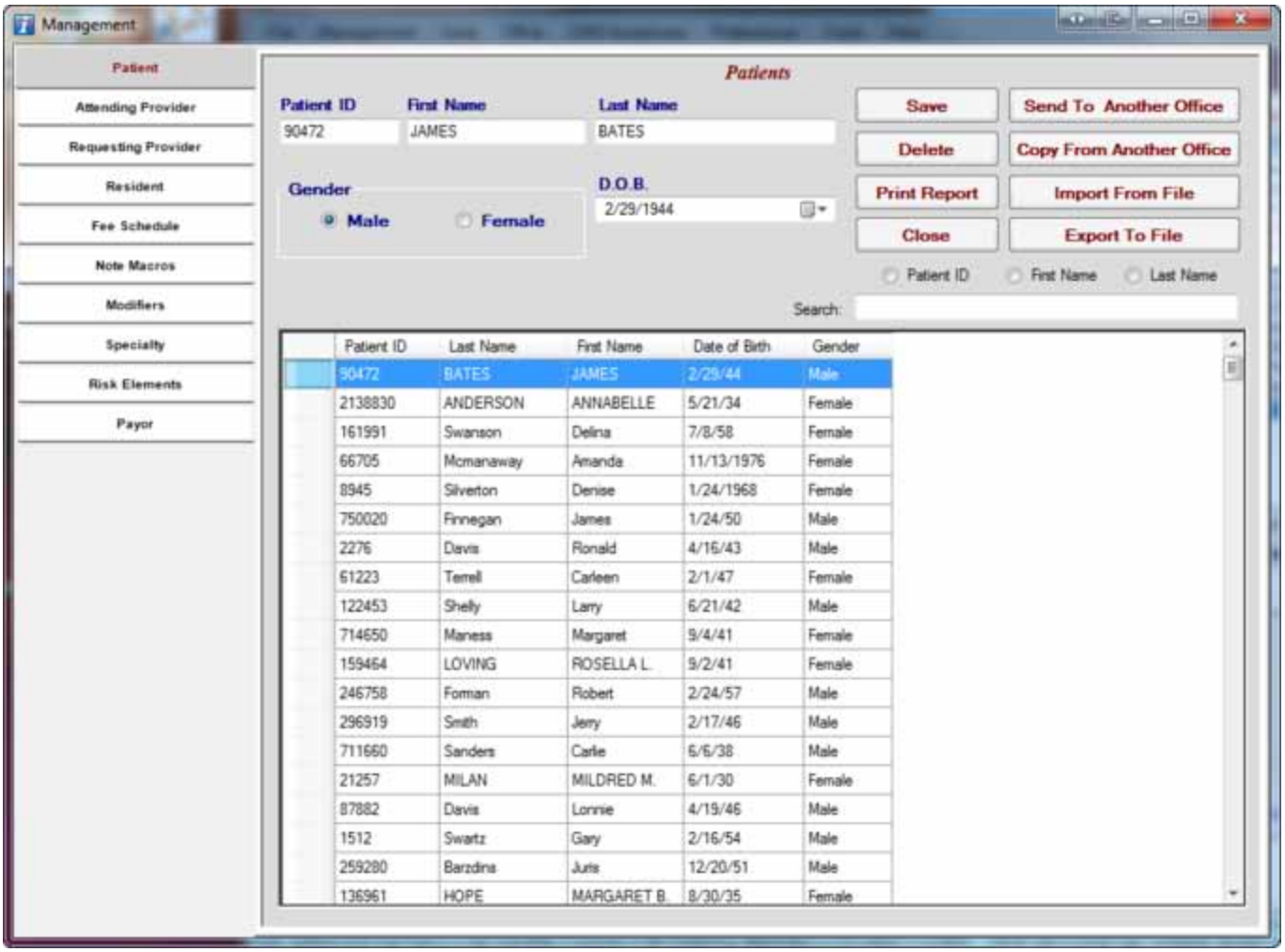
4. To sort the data in the order you desire for your report, click on the column heading at the top of the top of the table in the lower-left portion of the screen.



5. To print a report, click on the the **Print Report** button in the first column of buttons in the upper-right portion of the screen. The **Print Options** window will pop up.



6. Select the option by which you would like to run your report by clicking on the circle next to the preferred option, or by clicking on the text itself.


Management
Patient
Attending Provider
Requesting Provider
Resident
Fee Schedule
Note Macros
Modifiers
Specialty
Risk Elements
Payor
Patients
Patient ID
First Name
Last Name
90472
JAMES
BATES
Gender
Male
Female
D.O.B.
2/29/1944
Save
Send To Another Office
Delete
Copy From Another Office
Print Report
Import From File
Close
Export To File
Patient ID
First Name
Last Name
Search:
Patient ID | Last Name | First Name | Date of Birth | Gender
90472 | BATES | JAMES | 2/29/44 | Male
2138830 | ANDERSON | ANNABELLE | 5/21/34 | Female
161991 | Swanson | Delina | 7/8/58 | Female
66705 | Mcmanaway | Amanda | 11/13/1976 | Female
8945 | Silverton | Denise | 1/24/1968 | Female
750020 | Finnegan | James | 1/24/50 | Male
2276 | Davis | Ronald | 4/16/43 | Male
61223 | Terrell | Carleen | 2/1/47 | Female
122453 | Shelly | Larry | 6/21/42 | Male
714650 | Maness | Margaret | 9/4/41 | Female
159464 | LOVING | ROSELLA L. | 9/2/41 | Female
246758 | Forman | Robert | 2/24/57 | Male
296919 | Smith | Jerry | 2/17/46 | Male
711660 | Sanders | Carlie | 6/6/38 | Male
21257 | MILAN | MILDRED M. | 6/1/30 | Female
87882 | Davis | Lonnie | 4/19/46 | Male
1512 | Swartz | Gary | 2/16/54 | Male
259280 | Barzdins | Juris | 12/20/51 | Male
136961 | HOPE | MARGARET B. | 8/30/35 | Female

7. Click the **Print** button. Your report will run in the method in which you chose.

Sample Office
123 Anywhere Lane
Midwest,IN,46723

Patient Report

260-555-1212
260-555-1215

Patient Name	Patient ID	Gender	Date of Birth
Greenfield, Joanne	3942	Female	6/23/1952
Johnson, James	6465	Male	4/27/1955
Jumpup, Johnny	7896	Male	5/21/1961
Bodine, Gerald	878	Male	2/25/1921
Bebee, Betty	167	Female	7/27/1952
Santos, Miguel	7878	Male	11/15/1967
Courtner, Gerald	65465	Male	3/21/1957
Millford, Millie	6236	Female	9/27/1933
Public, John	123	Female	1/5/1963
Swartz, Gary	1512	Male	2/16/1954
Dooley, Jamison	65432	Male	7/15/1943
Henry, Georgeann	1719	Male	6/9/2006
Swizzle, Cindy	135	Female	3/22/1971
Finkleman, Henry	3223	Male	9/9/1929
Silverton, Denise	8945	Female	1/24/1968
Finestein, Fred	134	Male	6/30/1959
Babble, Durcilla	57854	Female	6/26/1972
Singleton, Suzie	156	Female	8/14/1945
Hollywell, Holly	5544	Female	6/5/1968
Sullivan, Maria	5982	Female	3/15/1926
Carlins, George	321	Male	1/2/1934
Werlington, Wilma	4896	Female	8/30/1952
Bailey, Fred	757286	Male	8/29/1924
Health, Joan	847892	Female	12/23/1934
Hennin, Mark	608353	Male	2/6/1937
Herritt, Tim	796023	Male	2/12/1947
Horn, Ralph	636350	Male	9/30/1932
Kalb, Carrie	633369	Female	1/15/1943
Lacey, Mitchell	615547	Male	3/8/1940
Reither, Esther	639149	Female	10/31/1954
Sayre, Hank	669979	Male	2/9/1949
Sund, Eric	672737	Male	3/21/1929

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Management

Patients

1. **Add a Patient:**
    a. Click on the text box just below the **Patient ID** heading.
    b. Type in the Patient ID.
    c. Press the **Tab** key and type in the **First Name** of the patient.
    d. Press the **Tab** key and type in the **Last Name** of the patient.
    e. Enter the patient's **Gender** by clicking on either **Male** or **Female**.
    f. Enter the patient's **Date of Birth (D.O.B.)** by typing in the MM/DD/YYYY format. Or, you can also enter it by clicking on the drop down arrow on the right side of the text box just beneath the **D.O.B.** heading. Select the date from the calendar display.
    g. Save the new patient by clicking on the **Save** button.
2. **Select Records:**
    a. To select one record, click anywhere on the patient's row in the table.
    b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
    c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.
3. **Delete Patients:**
    a. Select the patient record(s) you wish to delete.
    b. Click the **Delete** button.
    c. Click **Yes** to confirm the delete.
4. **Edit a Patient:**
    a. Select the patient record you wish to edit by clicking anywhere on the patient's row in the table.
    b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as needed.
    c. To edit the **D.O.B.**, simply click on the text box and type it in in the MM/DD/YYYY format. Or, you can also edit it by clicking on the drop down arrow on the right side of the text box just beneath the **D.O.B.** heading. Select the date from the calendar display.
    d. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.
6. **Search:**
    a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.
    b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.
7. **Send to Another Office:**
    a. Select the patient record(s) that you want to be sent (copied) to the **Patient** table in another office(s).
    b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.
    c. Select the office(s) that you would like to send this record(s) to.
    d. Click **OK** to send the record(s). The patients remain in this office and are now copied to the **Patient** table in the other office(s) selected.
    e. If there is a **Patient ID** from the current office that is the same as a **Patient ID** from one of the selected office(s), you will be asked if you want to overwrite:
        i. The **Always** option will tell Intelicode to overwrite any and all Patient records (from this point forward in this process) that have a **Patient ID** that matches a **Patient ID** in the current **Patient** table.
        ii. The **None** option will tell Intelicode to not overwrite any Patient records for this particular copy from this point forward in this process.
        iii. The **Yes** option will tell Intelicode to overwrite this one particular Patient record and only this one.
        iv. The **No** option will tell Intelicode to not overwrite this one particular Patient record. If there are any more duplicate records, you will asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.
        v. The **Cancel** option will stop the entire Send process.
8. **Copy From Another Office:**
    a. Click the **Copy From Another Office** button.
    b. Select the office(s) from which you wish to copy all of its patient records.
    c. Click **OK**.
    d. The patient records from the office(s) you selected are now a part of your current office's **Patient** table.
    e. If there is a **Patient ID** from the selected office(s) that is the same as a **Patient ID** from your current **Patient** table, you will be asked if you want to overwrite:
        i. The **Always** option will tell Intelicode to overwrite any and all Patient records (from this point forward in this process) that have a **Patient**

ID that matches a **Patient ID** in the office from which you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Patient records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Patient record and only this one.

iv. The **No** option will tell Intelicode to not overwrite this one particular Patient record. If there are any more duplicate records, you will asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.

v. The **Cancel** option will stop the entire Copy process.

9. **Import From File:**

   a. You can import patients from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

   b. Click on the **Import From File** button. The **Open** window will pop up.

   c. Browse to the location of the file you wish to import.

   d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

   e. Next, select the file by clicking on it.

   f. Click the **Open** button to import the file.

   g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

   h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

   i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

   j. Your imported data will appear in the table.

10. **Export to File:**

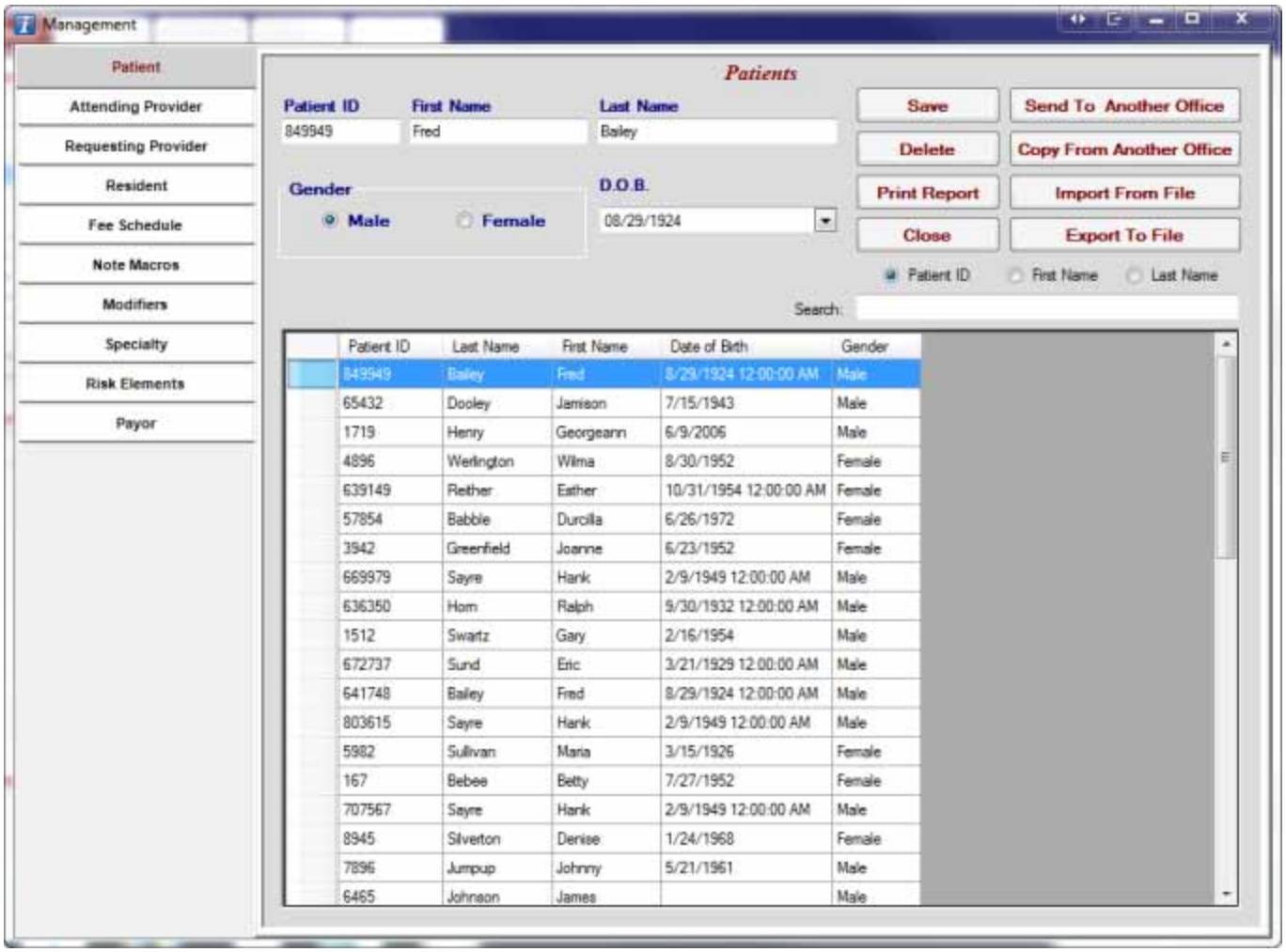
    a. If you'd like to export your **Patient** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

    b. Browse to the location in which you would like to save your exported CSV file.

    c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

    d. Click **Save** to save the CSV file.

11. When you are finished with the **Patients** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.


Management
Patient
Attending Provider
Requesting Provider
Resident
Fee Schedule
Note Macros
Modifiers
Specialty
Risk Elements
Payor
Patients
Patient ID
849949
First Name
Fred
Last Name
Bailey
Gender
Male
Female
D.O.B.
08/29/1924
Save
Send To Another Office
Delete
Copy From Another Office
Print Report
Import From File
Close
Export To File
Patient ID
First Name
Last Name
Search:
Patient ID | Last Name | First Name | Date of Birth | Gender
849949 | Bailey | Fred | 8/29/1924 12:00:00 AM | Male
65432 | Dooley | Jamison | 7/15/1943 | Male
1719 | Henry | Georgeann | 6/9/2006 | Male
4896 | Werlington | Wilma | 8/30/1952 | Female
639149 | Rether | Esther | 10/31/1954 12:00:00 AM | Female
57854 | Babble | Durcilla | 6/26/1972 | Female
3942 | Greenfield | Joanne | 6/23/1952 | Female
669979 | Sayre | Hank | 2/9/1949 12:00:00 AM | Male
636350 | Horn | Ralph | 5/30/1932 12:00:00 AM | Male
1512 | Swartz | Gary | 2/16/1954 | Male
672737 | Sund | Eric | 3/21/1929 12:00:00 AM | Male
641748 | Bailey | Fred | 8/29/1924 12:00:00 AM | Male
803615 | Sayre | Hank | 2/9/1949 12:00:00 AM | Male
5982 | Sullivan | Maria | 3/15/1926 | Female
167 | Bebee | Betty | 7/27/1952 | Female
707567 | Sayre | Hank | 2/9/1949 12:00:00 AM | Male
8945 | Silverton | Denise | 1/24/1968 | Female
7896 | Jumpup | Johnny | 5/21/1961 | Male
6465 | Johnson | James | | Male

Attending Providers

1. **Add a Provider:**
    a. Click on the text box just below the **Provider ID** heading.
    b. Type in the Provider ID.
    c. Press the **Tab** key and type in the **First Name** of the provider.
    d. Press the **Tab** key and type in the **Last Name** of the provider.
    e. Choose the **Specialty/Sub-Specialty** of this provider by clicking on the box just below the **Specialty/Sub-Specialty** heading and clicking on the appropriate option.
    f. Choose the **Default Exam Type** for this provider by clicking on the box just below the **Default Exam Type** heading and clicking on the appropriate option.

g. Choose the **Default Fee Schedule** for this provider by clicking on the box just below the **Default Fee Schedule heading** and clicking on the appropriate option.

h. If this Provider is a **Physician Assistant**, check the box next to the **Physician Assistant** heading or click on the heading itself.

i. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.

j. Save the new provider by clicking on the **Save** button.

2. **Select Records:**

   a. To select one record, click anywhere on the Provider's row in the table.

   b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

   c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Providers:**

   a. Select the Provider record(s) you wish to delete.

   b. Click the **Delete** button.

4. **Edit a Provider:**

   a. Select the Provider record you wish to edit by clicking anywhere on the Provider's row in the table.

   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

   c. To change the **Specialty/Sub-specialty**, **Default Exam Type** or **Default Fee Schedule**, click on the corresponding drop down box and click on the appropriate option.

   d. If this Provider is a **Physician Assistant**, check the box next to the **Physician Assistant** heading or click on the heading itself.

   e. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.

   f. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Search:**

   a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.

   b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. **Send to Another Office:**

a. Select the Provider record(s) that you want to be sent (copied) to the **Provider** table in another office(s).

b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.

c. Select the office(s) that you would like to send this record(s) to.

d. Click **OK** to send the record(s). The Providers remain in this office and are now copied to the **Provider** table in the other office(s) selected.

e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** in the data that you are sending, you will be asked if you want to overwrite:

   i. The **All** option will tell Intelicode to overwrite any and all Provider records (from this point forward in this process) in the selected office (s) that have a **Provider ID** that matches a **Provider ID** in the provider data that you are sending.

   ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy from this point forward in this process.

   iii. The **Yes** option will tell Intelicode to overwrite this one particular Provider record and only this record.

   iv. The **No** option will tell Intelicode to not overwrite this one particular Provider record and only this record.

   v. The **Cancel** option will stop the entire Send process.

8. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Provider records.

c. Click **OK**.

d. The Provider records from the office(s) you selected are now a part of your current office's **Provider** table.

e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** from your current **Provider** table, you will be asked if you want to overwrite:

   i. The **All** option will tell Intelicode to overwrite any and all Provider records (from this point forward in this process) that have a **Provider ID** that matches a **Provider ID** in the data that you are copying.

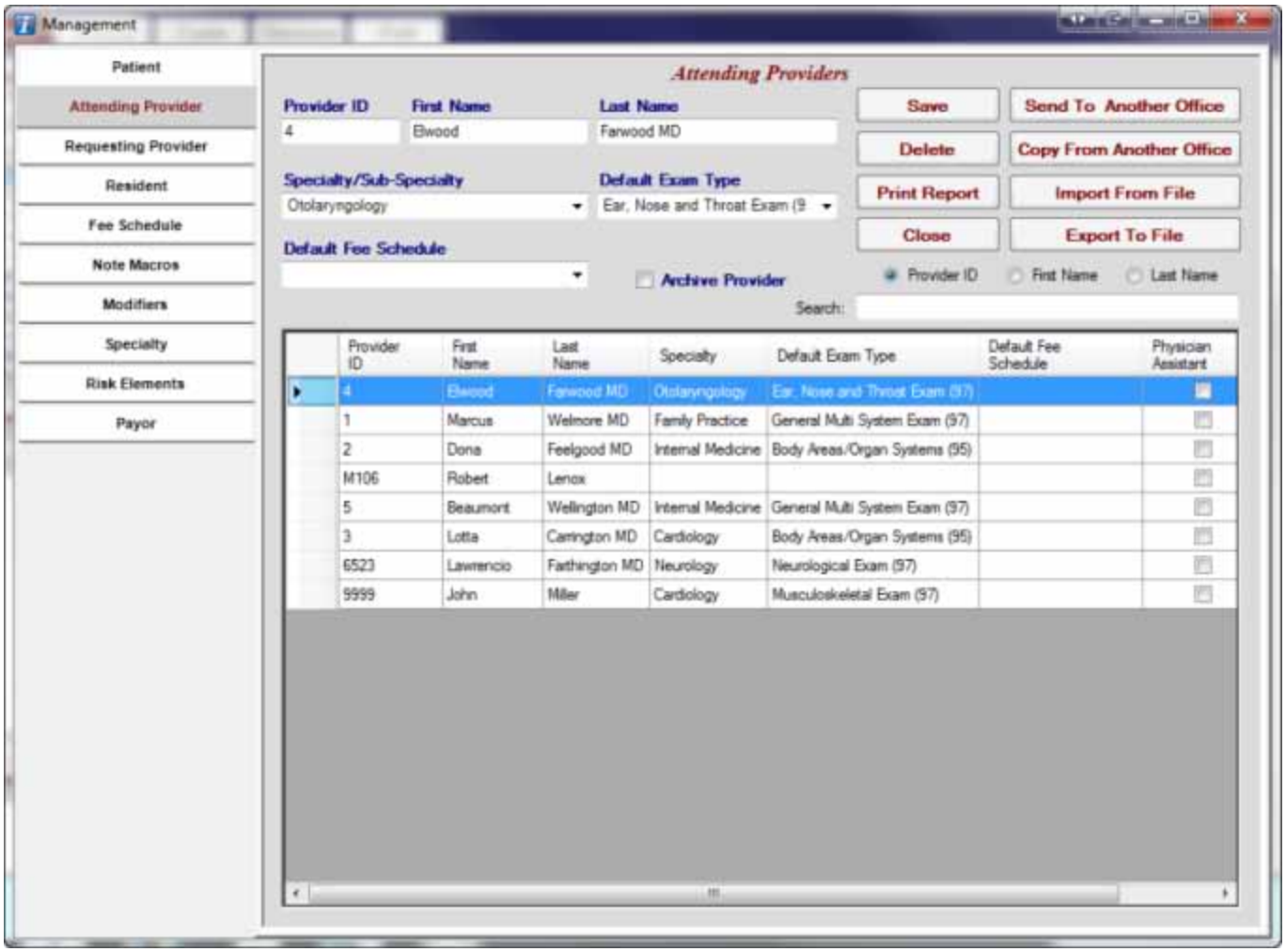
   ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy.

   iii. The **Yes** option will tell Intelicode to overwrite this one particular Provider record and only this one.

   iv. The **No** option will tell Intelicode to not overwrite this one particular Provider record. If there are any more duplicate records, you will asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.

   v. The **Cancel** option will stop the entire Copy process.

9. **Import From File:**
    a. You can import providers from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.
    b. Click on the **Import From File** button. The **Open** window will pop up.
    c. Browse to the location of the file you wish to import.
    d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
    e. Next, select the file by clicking on it.
    f. Click the **Open** button to import the file.
    g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**
    h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
    i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
    j. Your imported data will appear in the table.
10. **Export to File:**
    a. If you'd like to export your **Provider** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.
    b. Browse to the location in which you would like to save your exported CSV file.
    c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.
    d. Click **Save** to save the CSV file.
11. When you are finished with the **Providers** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.



Requesting Providers

1. **Add a Provider:**
    a. Click on the text box just below the **Provider ID** heading.
    b. Type in the Provider ID.
    c. Press the **Tab** key and type in the **First Name** of the provider.
    d. Press the **Tab** key and type in the **Last Name** of the provider.
    e. Choose the **Specialty/Sub-Specialty** of this provider by clicking on the box just below the **Specialty/Sub-Specialty** heading and clicking on the appropriate option.
    f. If this Provider is a **Physician Assistant**, check the box next to the **Physician Assistant** heading or click on the heading itself.
    g. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.

h. Save the new provider by clicking on the **Save** button.

2. **Select Records:**
   a. To select one record, click anywhere on the Provider's row in the table.
   b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
   c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.
3. **Delete Providers:**
   a. Select the Provider record(s) you wish to delete.
   b. Click the **Delete** button.
4. **Edit a Provider:**
   a. Select the Provider record you wish to edit by clicking anywhere on the Provider's row in the table.
   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.
   c. To change the **Specialty/Sub-specialty**, click on the corresponding drop down box and click on the appropriate option.
   d. If this Provider is a **Physician Assistant**, check the box next to the **Physician Assistant** heading or click on the heading itself.
   e. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.
   f. Save your changes by clicking on the **Save** button.
5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.
6. **Search:**
   a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.
   b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.
7. **Send to Another Office:**
   a. Select the Provider record(s) that you want to be sent (copied) to the **Provider** table in another office(s).
   b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.
   c. Select the office(s) that you would like to send this record(s) to.
   d. Click **OK** to send the record(s). The Providers remain in this office and are now copied to the **Provider** table in the other office(s) selected.

e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** in the data that you are sending, you will be asked if you want to overwrite:

   i. The **All** option will tell Intelicode to overwrite any and all Provider records (from this point forward in this process) in the selected office (s) that have a **Provider ID** that matches a **Provider ID** in the provider data that you are sending.

   ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy from this point forward in this process.

   iii. The **Yes** option will tell Intelicode to overwrite this one particular Provider record and only this record.

   iv. The **No** option will tell Intelicode to not overwrite this one particular Provider record and only this record.

   v. The **Cancel** option will stop the entire Send process.

8. **Copy From Another Office:**

   a. Click the **Copy From Another Office** button.

   b. Select the office(s) from which you wish to copy all of its Provider records.

   c. Click **OK**.

   d. The Provider records from the office(s) you selected are now a part of your current office's **Provider** table.

   e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** from your current **Provider** table, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Provider records (from this point forward in this process) that have a **Provider ID** that matches a **Provider ID** in the data that you are copying.

      ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy.

      iii. The **Yes** option will tell Intelicode to overwrite this one particular Provider record and only this record.

      iv. The **No** option will tell Intelicode to not overwrite this one particular Provider record and only this record.

      v. The **Cancel** option will stop the entire Copy process.

9. **Import From File:**

   a. You can import providers from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

   b. Click on the **Import From File** button. The **Open** window will pop up.

   c. Browse to the location of the file you wish to import.

   d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

   e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

10. **Export to File:**

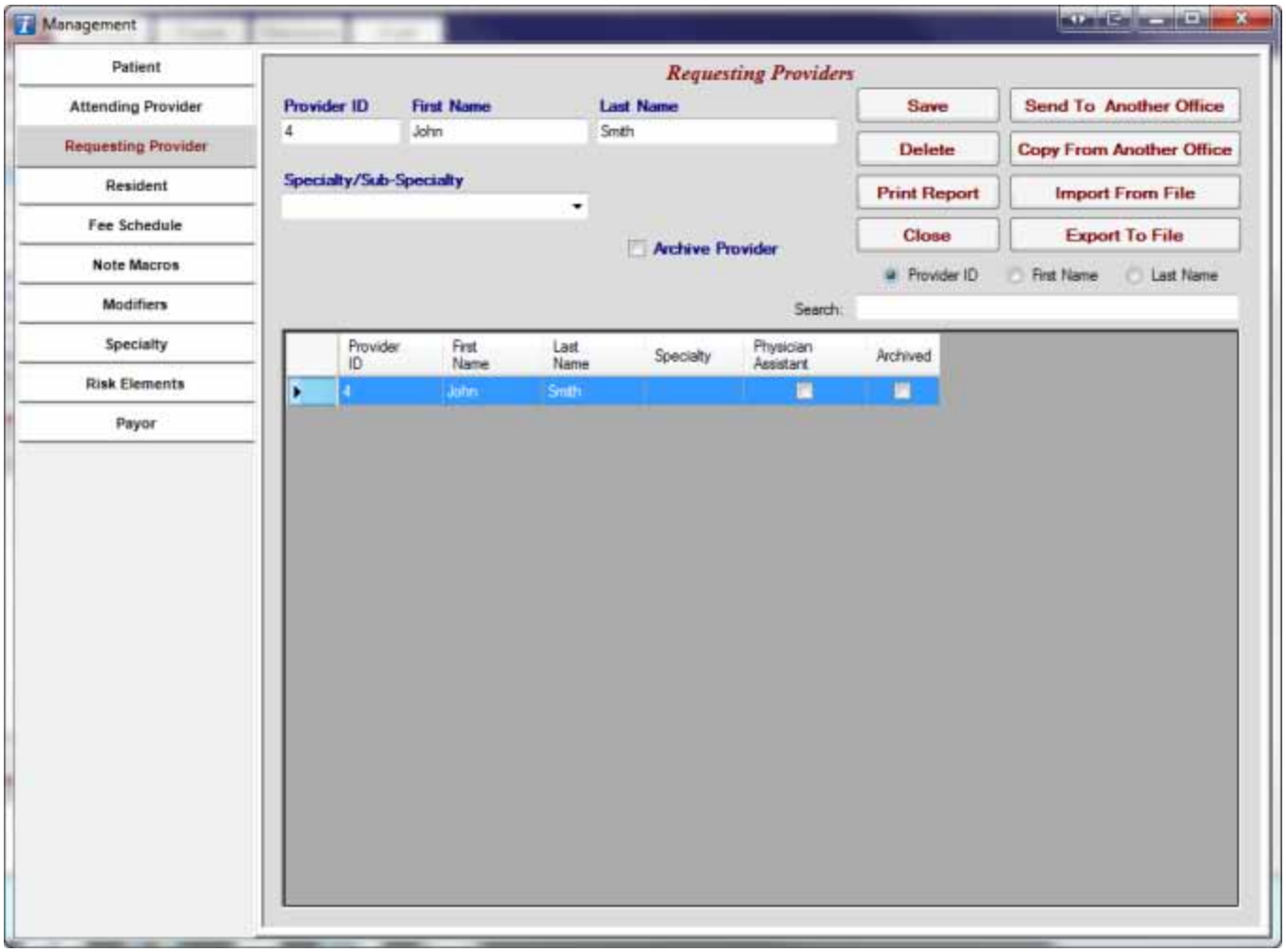
a. If you'd like to export your **Provider** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

11. When you are finished with the **Providers** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.



Residents

1. **Add a Resident:**
    a. Click on the text box just below the **Resident ID** heading.
    b. Type in the Resident ID.
    c. Press the **Tab** key and type in the **First Name** of the Resident.
    d. Press the **Tab** key and type in the **Last Name** of the Resident.
    e. If you would like to archive this Resident, check the box next to the **Archive Resident** heading or click on the heading itself.
    f. Save the new Resident by clicking on the **Save** button.
2. **Select Records:**
    a. To select one record, click anywhere on the Resident's row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Residents:**

   a. Select the Resident record(s) you wish to delete.

   b. Click the **Delete** button.

4. **Edit a Resident:**

   a. Select the Resident record you wish to edit by clicking anywhere on the Resident's row in the table.

   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

   c. If you would like to archive this Resident, check the box next to the **Archive Resident** heading or click on the heading itself.

   d. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Search:**

   a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.

   b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. **Send to Another Office:**

   a. Select the Resident record(s) that you want to be sent (copied) to the **Resident** table in another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the record(s). The Residents remain in this office and are now copied to the **Resident** table in the other office(s) selected.

   e. If there is a **Resident ID** from the selected office(s) that is the same as a **Resident ID** from the data that you are sending, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Resident records (from this point forward in this process) in the selected office (s) that have a **Resident ID** that matches a **Resident ID** in the data that you are sending.

      ii. The **None** option will tell Intelicode to not overwrite any Resident records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Resident record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Resident record and only this record.

v. The **Cancel** option will stop the entire Send process.

8. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Resident records.

c. Click **OK**. The Resident records from the office(s) you selected are now a part of your current office's **Resident** table.

d. If there is a **Resident ID** from the selected office(s) that is the same as a **Resident ID** from your current **Resident** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Resident records (from this point forward in this process) that have a **Resident ID** that matches a **Resident ID** in the data you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Resident records for this particular copy.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Resident record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Resident record and only this record.

v. The **Cancel** option will stop the entire Copy process. The **Copy From Another Office** window will disappear.

9. **Import From File:**

a. You can import Residents from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

10. **Export to File:**

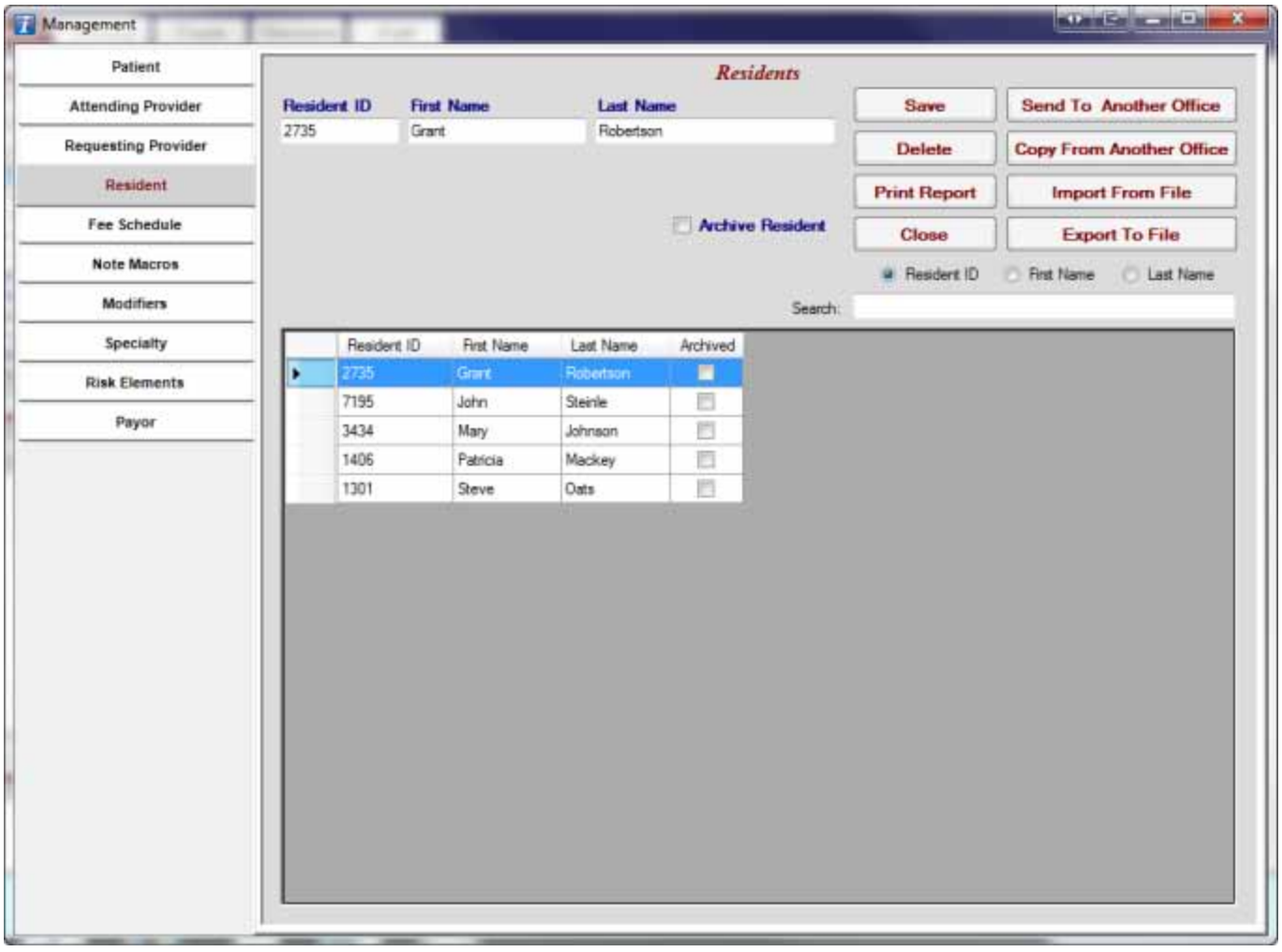
a. If you'd like to export your **Resident** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

11. When you are finished with the **Residents** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.



Fee Schedules

1. **Add a New Fee Schedule:**
    a. Click on the **New** button.
    b. Type in a name for the new Fee Schedule.
    c. Click **OK**.
2. **Choose Category**
    a. To only view Fee Schedule records for a certain category of CPT codes, click on the desired category in the white box in the middle of the screen. The records will appear just below this sectin of the screen.
    b. Click on the + or - to expand or contract respectively to see more or less subcategories of CPT codes.
3. **Select a Fee Schedule:**
    a. To select a Fee Schedule, click on the drop down box just below the **Fee Schedule** heading and then clicking on the Fee Schedule you wish to select.
    b. To **Download** a Medicare Allowable Fee Schedule, first click on the drop down box just below the **Year** heading and select the year from which the Medicare Allowable Fee Schedule is that you wish to download. A list of Fee Schedules for you to select from will appear in the drop down box just below the **Medicare Allowable Fee Schedule** heading.
    c. Click the **Download** button to download the fee schedule that you desire. If the download finished properly, you will now see this Fee Schedule in the **Fee Schedule** drop down list.
4. **Delete a Fee Schedule:**
    a. Select the Fee Schedule you wish to delete.
    b. Click the **Delete** button.
5. **Rename a Fee Schedule:**
    a. Select the **Fee Schedule** you wish to **Rename**.
    b. Click the **Rename** button.
    c. Type the new name.
    d. Click **OK**
6. **Edit a Fee Schedule:**
    a. In the table, find the record and the field that you wish to edit.
    b. Click on the cell, and type in the new number.
    c. To register the change, click off of the cell, press the **Tab** key, or the **Enter** key.
    d. The **Tab** key will allow you to move horizontally through a record, editing as you go, if you wish.
    e. The **Enter** key will allow you to move vertically through a field, editing as you go, if you wish.

f. Save your changes by clicking on the **Save** button.

7. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

8. **Send to Another Office:**
   a. Select the Fee Schedule that you want to be sent (copied) to another office(s).
   b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.
   c. Select the office(s) that you would like to send this Fee Schedule to.
   d. Click **OK** to send the record(s). The Fee Schedule remains in this office and is now also copied to the **Fee Schedule** list in the other office(s) selected.
   e. If there is a **Fee Schedule Name** from the selected office(s) that is the same as a **Fee Schedule Name** from the data you are sending, you will be asked if you want to overwrite:
      i. The **All** option will tell Intelicode to overwrite any and all fee schedules (from this point forward in this process) in the selected office(s) that have a **Fee Schedule Name** that matches a **Fee Schedule Name** in the data you are sending.
      ii. The **None** option will tell Intelicode to not overwrite any fee schedules for this particular copy from this point forward in this process.
      iii. The **Yes** option will tell Intelicode to overwrite this one particular fee schedule and only this fee schedule.
      iv. The **No** option will tell Intelicode to not overwrite this one particular fee schedule and only this fee schedule.
      v. The **Cancel** option will stop the entire Send process.

9. **Copy From Another Office:**
   a. Click the **Copy From Another Office** button.
   b. Select the office(s) from which you wish to copy all of its Fee Schedules.
   c. Click **OK**. The Fee Schedules from the office(s) you selected are now a part of your current office's **Fee Schedule** list.
   d. The Fee Schedules from the office(s) you selected are now a part of your current office's **Fee Schedule** list.
   e. If there is a **Fee Schedule Name** from the selected office(s) that is the same as a **Fee Schedule Name** from your current office, you will be asked if you want to overwrite:
      i. The **All** option will tell Intelicode to overwrite any and all fee schedules (from this point forward in this process) that have a **Fee Schedule Name** that matches a **Fee Schedule Name** in the data you are copying.
      ii. The **None** option will tell Intelicode to not overwrite any fee schedules for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular fee schedule and only this fee schedule.

iv. The **No** option will tell Intelicode to not overwrite this one particular fee schedule and only this fee schedule.

v. The **Cancel** option will stop the entire Copy process.

10. **Import From File:**

    a. You can import Fee Schedules from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

    b. Click on the **Import From File** button. The **Open** window will pop up.

    c. Browse to the location of the file you wish to import.

    d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

    e. Next, select the file by clicking on it.

    f. Click the **Open** button to import the file.

    g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

    h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

    i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

    j. Your imported data will appear in the table.

11. **Export to File:**

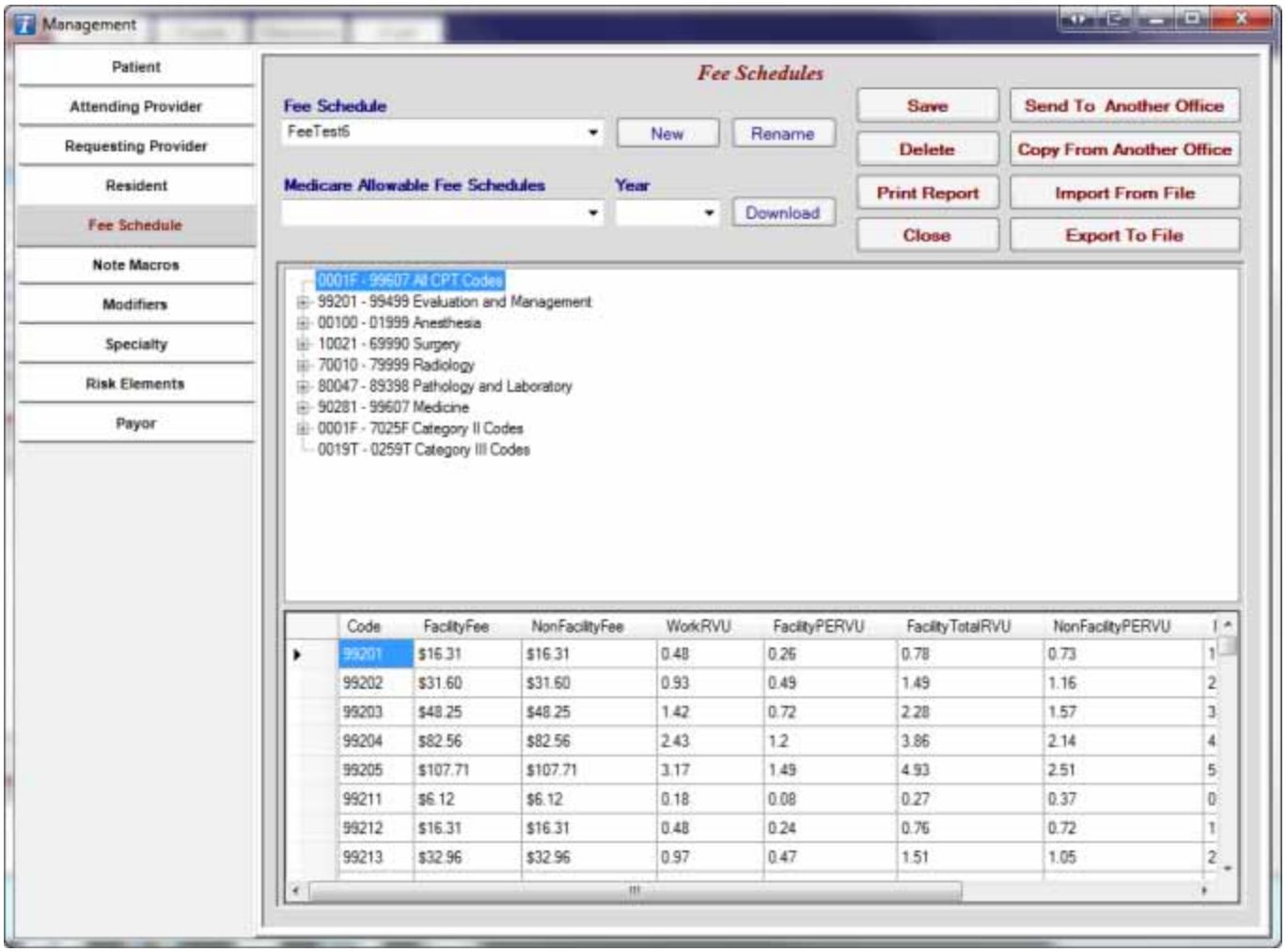
    a. If you'd like to export your **Fee Schedule** to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

    b. Browse to the location in which you would like to save your exported CSV file.

    c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

    d. Click **Save** to save the CSV file.

12. When you are finished with the **Fee Schedules** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.



Note Macros

Note Macros can be an extremely helpful tool for auditors to help them to more clearly elaborate their findings in encounter documentation. They can also be extremely beneficial as an educational tool for providing physicians/providers with additional information about problems and/or recommendations concerning documentation. Think of them as saved information tidbits that can be pasted into an encounter as a note anytime you wish.

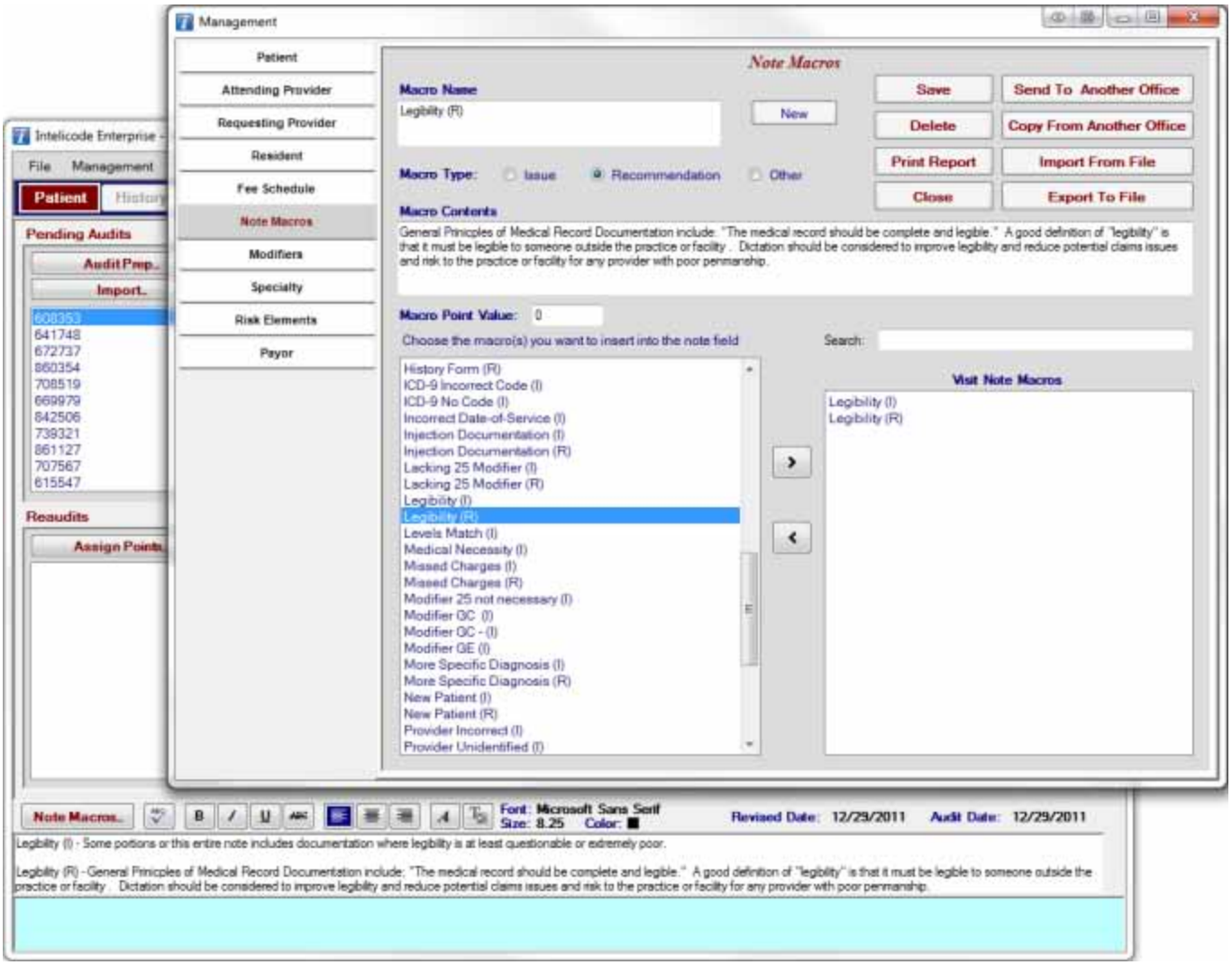
1. To begin using **Note Macros**, simply click on the **Note Macros** button appearing in the lower portion of the **Patient**, **History**, **Exam**, **Decision**, and **End** screens. A **Note Macros - Management** pop-up screen will appear.
2. Or, click on the **Management** menu at the top of the screen, and then click **Note Macros**.
3. **Insert Note Macros into a Visit:**

a. In the box under the heading **Choose the macro(s) you want to insert into the note field**, find the **Macro Name** of the **Note Macro** that you want to insert into your current visit.

b. Double-click on any macro name that you want to insert into the current visit.

c. Or, select the macro name by clicking on it, then click the arrow that points to the right. The name will appear in the box to the right and in your current visit.

d. If you change your mind and you wish to remove a Note Macro from the visit, double-click on the macro name in the box on the right side of the screen. Or, select the macro name in the box on the right side of the screen by clicking on it, and then click the arrow button that points to the left. It will be removed from the box and from the current visit.


Management
Patient
Attending Provider
Requesting Provider
Resident
Fee Schedule
Note Macros
Modifiers
Specialty
Risk Elements
Payor
Note Macros
Macro Name
Legibility (R)
New
Save
Send To Another Office
Delete
Copy From Another Office
Print Report
Import From File
Close
Export To File
Macro Type:
Issue
Recommendation
Other
Macro Contents
General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.
Macro Point Value:
Choose the macro(s) you want to insert into the note field
Search:
Visit Note Macros
History Form (R)
ICD-9 Incorrect Code (I)
ICD-9 No Code (I)
Incorrect Date-of-Service (I)
Injection Documentation (I)
Injection Documentation (R)
Lacking 25 Modifier (I)
Lacking 25 Modifier (R)
Legibility (I)
Legibility (R)
Levels Match (I)
Medical Necessity (I)
Missed Charges (I)
Missed Charges (R)
Modifier 25 not necessary (I)
Modifier GC (I)
Modifier GC - (I)
Modifier GE (I)
More Specific Diagnosis (I)
More Specific Diagnosis (R)
New Patient (I)
New Patient (R)
Provider Incorrect (I)
Provider Unidentified (I)
Legibility (I)
Legibility (R)
Note Macros..
Font: Microsoft Sans Serif
Size: 8.25
Color:
Revised Date: 12/29/2011
Audit Date: 12/29/2011
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

4. **Create a New Note Macro:**

a. Click the **New** button toward the top of the screen.

b. Click on the text box just below the **Macro Name** heading.

c. Type in a Macro Name.

d. Designate the **Macro Type** by clicking on the circle next to the text (**Issue**, **Recommendation**, or **Other**) or by clicking on the text itself.

e. Click on the text box just below the **Macro Contents** heading.

f. Type in the **Macro Contents**.

g. If you wish to have a **Macro Point Value** associated with this Macro, click on the text box just to the right of the **Macro Point Value** heading.

h. Type in the point value.

i. Save the new Note Macro by clicking on the **Save** button.

5. **Delete Note Macros:**

   a. Select the **Note Macro** you wish to delete by clicking on the Macro Name in the box in the lower-left portion of the screen.

   b. Click the **Delete** button. Your Note Macro will be deleted.

6. **Edit a Note Macro:**

   a. Select the Note Macro you wish to edit by clicking on the Macro Name in the box in the lower-left portion of the screen.

   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

   c. If you wish, to change the **Macro Type** click on the circle next to the text (**Issue**, **Recommendation**, or **Other**) or click on the text itself.

   d. Save your changes by clicking on the **Save** button.

7. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

8. **Search:** Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

9. **Send to Another Office:**

   a. Select the **Note Macro** that you want to be sent (copied) to another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the Macro. The Note Macro remains in this office and is now copied to the **Note Macro** table in the other office(s) selected.

   e. If there is a **Macro Name** from the selected office(s) that is the same as a **Macro Name** from the data you are sending, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all note macros (from this point forward in this process) in the selected office(s) that have a **Macro Name** that matches a **Macro Name** in the data you are sending.

ii. The **None** option will tell Intelicode to not overwrite any note macros for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular note macro and only this note macro.

iv. The **No** option will tell Intelicode to not overwrite this one particular note macro and only this note macro.

v. The **Cancel** option will stop the entire Send process.

10. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Note Macros.

c. Click **OK**. The Note Macros from the office(s) you selected are now a part of your current office's **Note Macro** table.

d. If there is a **Macro Name** from the selected office(s) that is the same as a **Macro Name** from the data you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all note macros (from this point forward in this process) in the selected office(s) that have a **Macro Name** that matches a **Macro Name** in the data you are sending.

ii. The **None** option will tell Intelicode to not overwrite any note macros for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular note macro and only this note macro.

iv. The **No** option will tell Intelicode to not overwrite this one particular note macro and only this note macro.

v. The **Cancel** option will stop the entire Send process.

11. **Import From File:**

a. You can import Note Macros from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box

at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

12. **Export to File:**

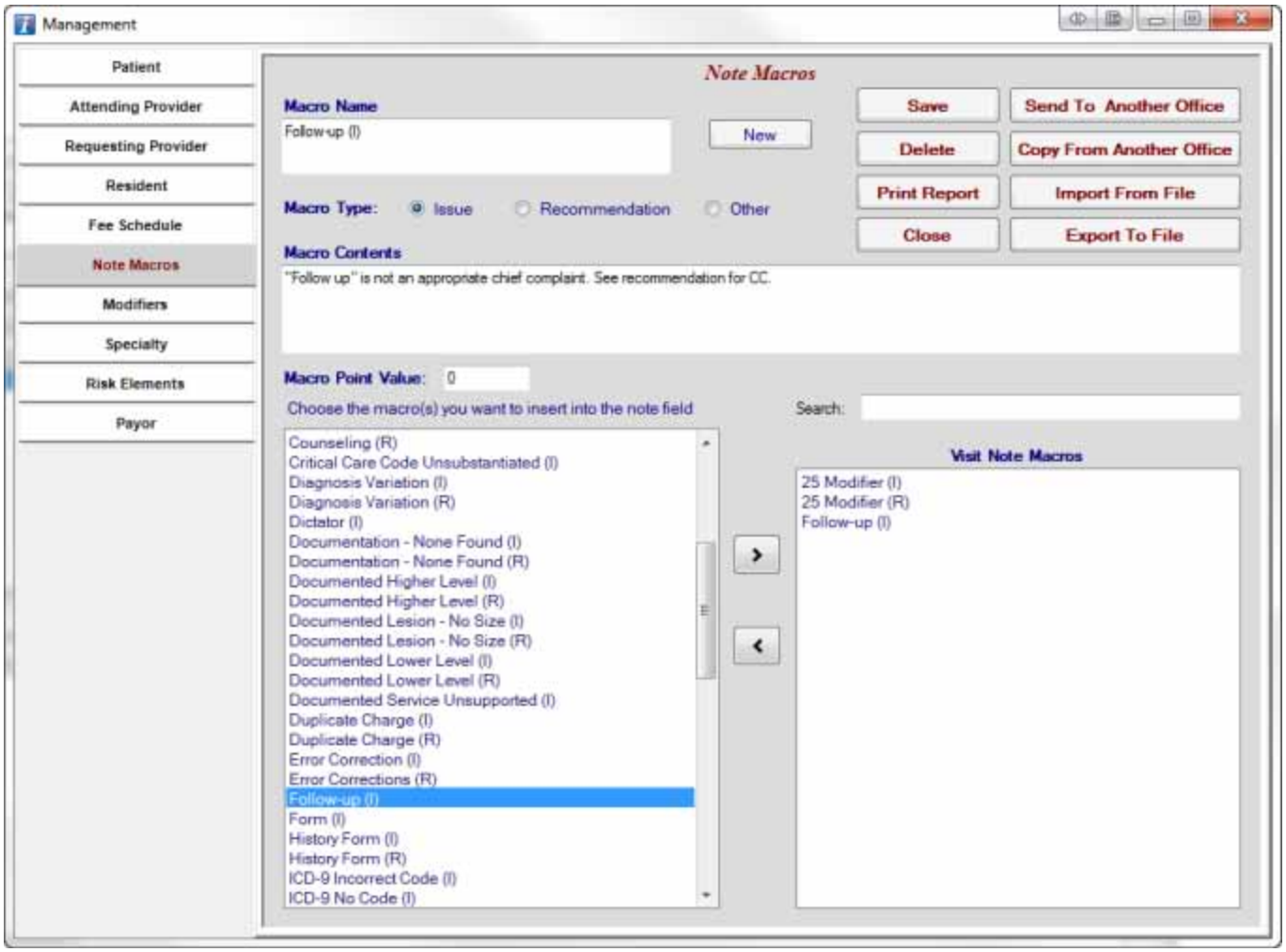
a. If you'd like to export your **Note Macro** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

13. When you are finished with the **Note Macros** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.



Modifiers

1. **Add a Modifier:**
    a. Click on the text box just below the **Modifier** heading.
    b. Type in the Modifier.
    c. Click on the text box just below the **Modifier Description** heading.
    d. Type in a description for the Modifier.
    e. If you wish to have **Help Text** associated with this modifier, click on the text box just below the **Help Text** heading.
    f. Type in the help text.
    g. Save the new Modifier by clicking on the **Save** button.
2. **Select Records:**
    a. To select one Modifier record, click anywhere on the row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Modifiers:**

   a. Select the Modifier record(s) you wish to delete.

   b. Click the **Delete** button.

4. **Edit a Modifier:**

   a. Select the Modifier record you wish to edit by clicking anywhere on the Modifier's row in the table.

   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

   c. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Send to Another Office:**

   a. Select the Modifier record(s) that you want to be sent (copied) to the **Modifier** table in another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the record(s). The Modifiers remain in this office and are now copied to the **Modifier** table in the other office(s) selected.

   e. If there is a **Modifier** from the selected office(s) that is the same as a **Modifier** from the data you are sending, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Modifier records (from this point forward in this process) in the selected office (s) that have a **Modifier** that matches a **Modifier** in the data you are sending.

      ii. The **None** option will tell Intelicode to not overwrite any Modifier records for this particular copy from this point forward in this process.

      iii. The **Yes** option will tell Intelicode to overwrite this one particular Modifier record and only this record.

      iv. The **No** option will tell Intelicode to not overwrite this one particular Modifier record and only this record.

      v. The **Cancel** option will stop the entire Send process.

7. **Copy From Another Office:**

   a. Click the **Copy From Another Office** button.

   b. Select the office(s) from which you wish to copy all of its Modifier records.

c. Click **OK**.

d. The Modifier records from the office(s) you selected are now a part of your current office's **Modifier** table.

e. If there is a **Modifier** from the selected office(s) that is the same as a **Modifier** from your current **Modifier** table, you will be asked if you want to overwrite:

   i. The **All** option will tell Intelicode to overwrite any and all Modifier records (from this point forward in this process) that have a **Modifier** that matches a **Modifier** in the data you are copying.

   ii. The **None** option will tell Intelicode to not overwrite any Modifier records for this particular copy from this point forward in this process.

   iii. The **Yes** option will tell Intelicode to overwrite this one particular Modifier record and only this record.

   iv. The **No** option will tell Intelicode to not overwrite this one particular Modifier record and only this record.

   v. The **Cancel** option will stop the entire Copy process.

8. **Import From File:**

   a. You can import Modifiers from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

   b. Click on the **Import From File** button. The **Open** window will pop up.

   c. Browse to the location of the file you wish to import.

   d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

   e. Next, select the file by clicking on it.

   f. Click the **Open** button to import the file.

   g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

   h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

   i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

   j. Your imported data will appear in the table.

9. **Export to File:**

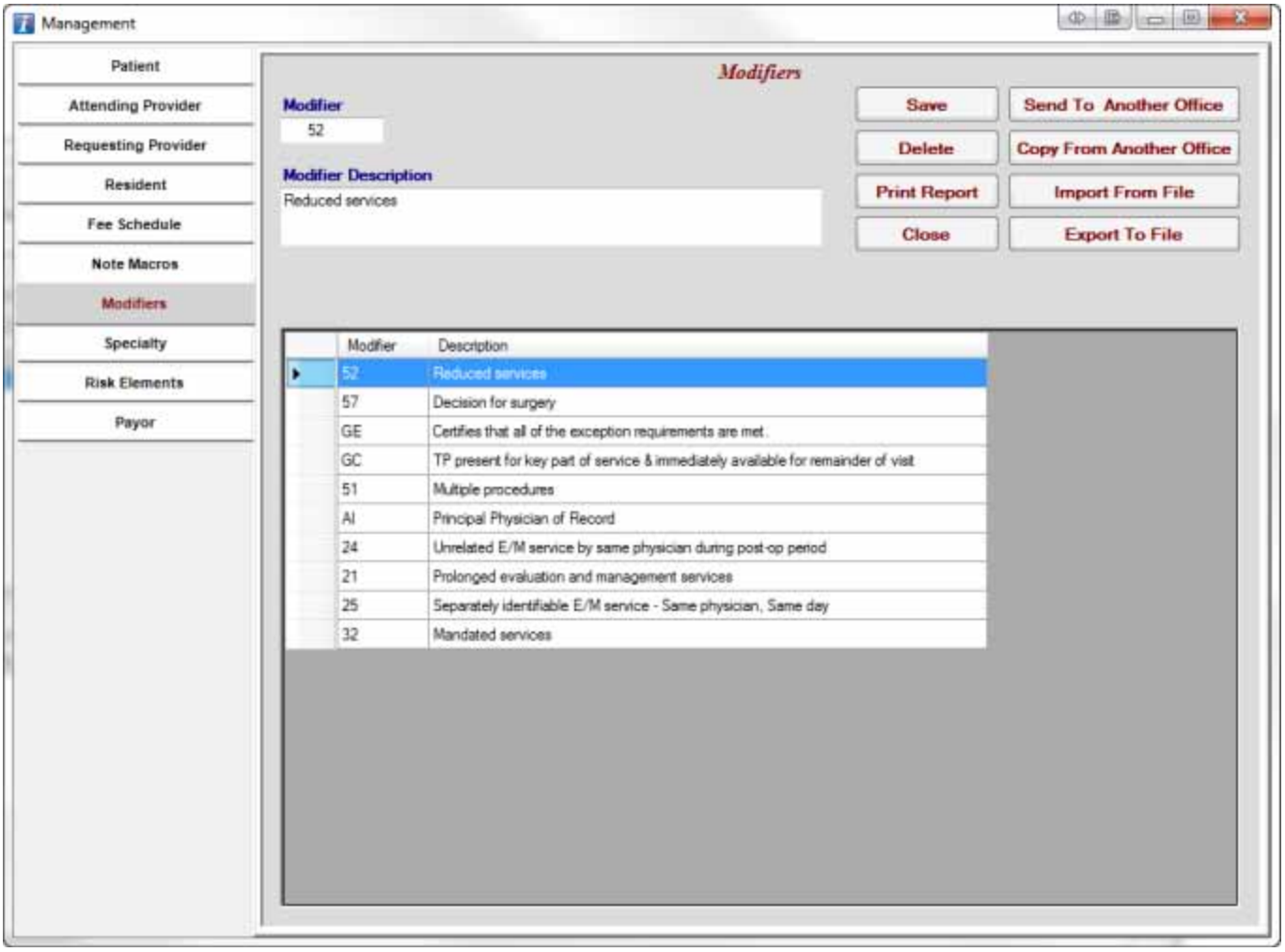
   a. If you'd like to export your **Modifier** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

   b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

10. When you are finished with the **Modifiers** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.



Specialties

1. **Add a Specialty:**

a. Click on the text box just below the **Specialty Code** heading.

b. Type in the Specialty Code.

c. Press the **Tab** key or click on the text box just below the **Specialty Code** heading.

d. Type in the Specialty Name.

e. Save the new Specialty by clicking on the **Save** button.

2. **Select Records:**
   a. To select one Specialty record, click anywhere on the row in the table.
   b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.
   c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.
3. **Delete Specialties:**
   a. Select the Specialties record(s) you wish to delete.
   b. Click the **Delete** button.
4. **Edit a Specialty:**
   a. Select the Specialty record you wish to edit by clicking anywhere on the Specialty's row in the table.
   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.
   c. Save your changes by clicking on the **Save** button.
5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.
6. **Search:** Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.
7. **Send to Another Office:**
   a. Select the Specialty record(s) that you want to be sent (copied) to the **Specialty** table in another office(s).
   b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.
   c. Select the office(s) that you would like to send this record(s) to.
   d. Click **OK** to send the record(s). The Specialties remain in this office and are now copied to the **Specialty** table in the other office(s) selected.
   e. If there is a **Specialty Code** from the selected office(s) that is the same as a **Specialty Code** from the data you are sending, you will be asked if you want to overwrite:
      i. The **All** option will tell Intelicode to overwrite any and all Specialty records (from this point forward in this process) in the selected office (s) that have a **Specialty Code** that matches a **Specialty Code** in the data you are sending.
      ii. The **None** option will tell Intelicode to not overwrite any Specialty records for this particular copy from this point forward in this process.
      iii. The **Yes** option will tell Intelicode to overwrite this one particular Specialty record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Specialty record and only this record.

v. The **Cancel** option will stop the entire Send process.

8. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Specialty records.

c. Click **OK**. The Specialty records from the office(s) you selected are now a part of your current office's **Specialty** table.

d. If there is a **Specialty Code** from the selected office(s) that is the same as a **Specialty Code** from your current **Specialty** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Specialty records (from this point forward in this process) that have a **Specialty Code** that matches a **Specialty Code** in the data you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Specialty records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Specialty record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Specialty record and only this record.

v. The **Cancel** option will stop the entire Copy process.

9. **Import From File:**

a. You can import Specialties from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

10. **Export to File:**

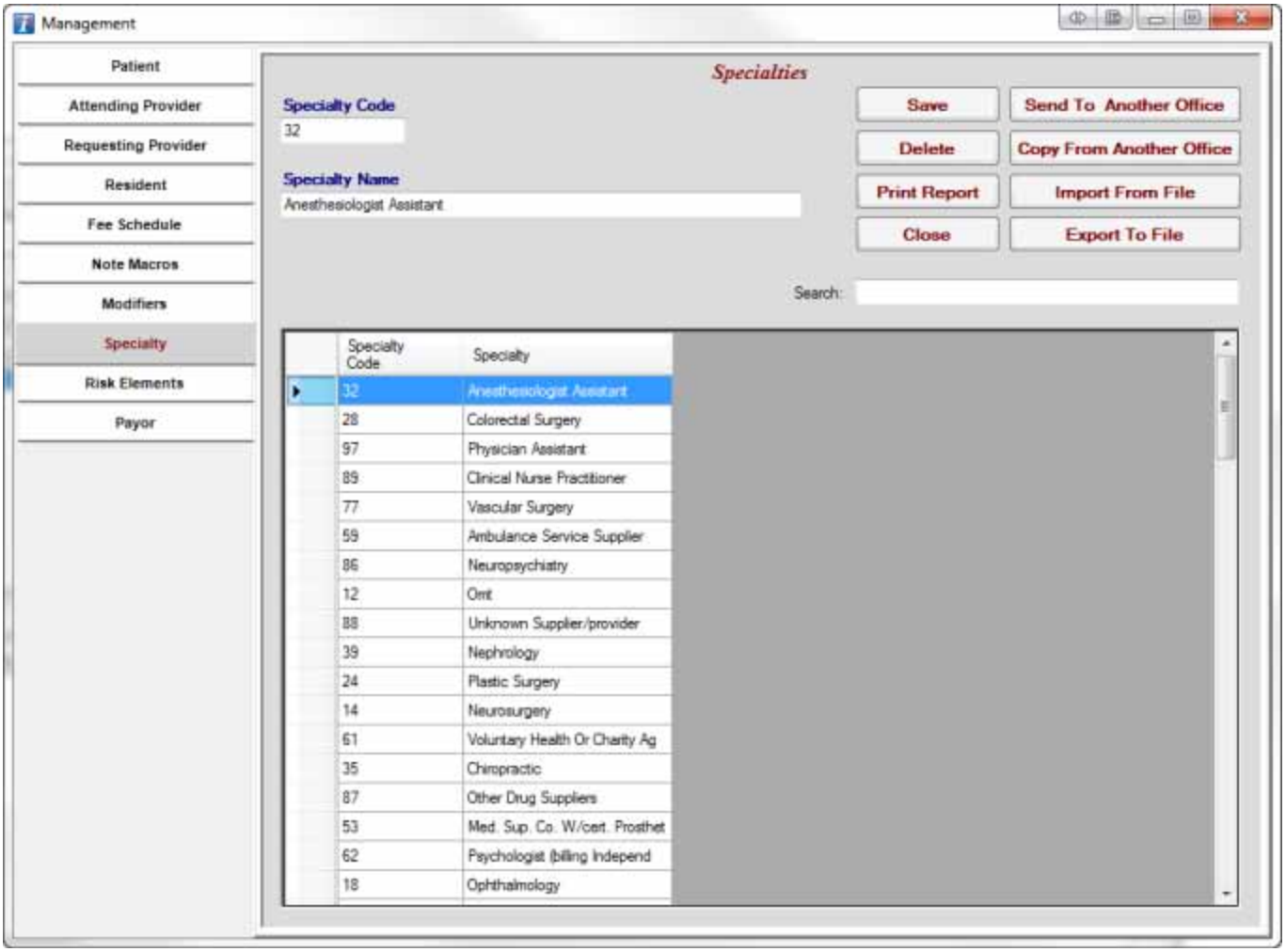
a. If you'd like to export your **Specialty** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

11. When you are finished with the **Specialties** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.



Risk Elements

1. **Add a New Risk Element:**

a. Click on the **New Risk** button.

b. Click on the text box just below the **Risk Element** heading.

c. Type in the Risk Element.

d. To choose the **Level of Risk** click on the drop down box just below the **Level of Risk** heading.

e. Click on the Level of Risk in the list.

f. To choose the **Type of Risk** click on the drop down box just below the **Type of Risk** heading.

g. Click on the Type of Risk in the list.

h. Save the new Risk Element by clicking on the **Save** button.

2. **Select Records:**

a. To select one Risk Element record, click anywhere on the row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Risk Elements:**

a. Select the Risk Element record(s) you wish to delete.

b. Click the **Delete** button.

4. **Edit a Risk Element:**

a. Select the Risk Element record you wish to edit by clicking anywhere on the Risk Element's row in the table.

b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

c. To change the **Level Of Risk** or **Type Of Risk**, click on the corresponding drop down box and select a different option.

d. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Send to Another Office:**

a. Select the Risk Element record(s) that you want to be sent (copied) to the **Risk Element** table in another office(s).

b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.

c. Select the office(s) that you would like to send this record(s) to.

d. Click **OK** to send the record(s). The Risk Elements remain in this office and are now copied to the **Risk Element** table in the other office(s) selected.

e. If there is a **Risk Element** from the selected office(s) that is the same as a **Risk Element** from the data you are sending, you will be asked if you want to overwrite:

   i. The **All** option will tell Intelicode to overwrite any and all Risk Element records (from this point forward in this process) in the selected office (s) that have a **Risk Element** that matches a **Risk Element** in the data you are sending.

   ii. The **None** option will tell Intelicode to not overwrite any Risk Element records for this particular copy from this point forward in this process.

   iii. The **Yes** option will tell Intelicode to overwrite this one particular Risk Element record and only this record.

   iv. The **No** option will tell Intelicode to not overwrite this one particular Risk Element record and only this record.

   v. The **Cancel** option will stop the entire Send process.

7. **Copy From Another Office:**

   a. Click the **Copy From Another Office** button.

   b. Select the office(s) from which you wish to copy all of its Risk Element records.

   c. Click **OK**.

   d. The Risk Element records from the office(s) you selected are now a part of your current office's **Risk Element** table.

   e. If there is a **Risk Element** from the selected office(s) that is the same as a **Risk Element** from your current **Risk Element** table, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Risk Element records (from this point forward in this process) that have a **Risk Element** that matches a **Risk Element** in the data you are copying.

      ii. The **None** option will tell Intelicode to not overwrite any Risk Element records for this particular copy from this point forward in this process.

      iii. The **Yes** option will tell Intelicode to overwrite this one particular Risk Element record and only this record.

      iv. The **No** option will tell Intelicode to not overwrite this one particular Risk Element record and only this record.

      v. The **Cancel** option will stop the entire Copy process.

8. **Import From File:**

   a. You can import Risk Elements from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

   b. Click on the **Import From File** button. The **Open** window will pop up.

   c. Browse to the location of the file you wish to import.

   d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

   e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

9. **Export to File:**

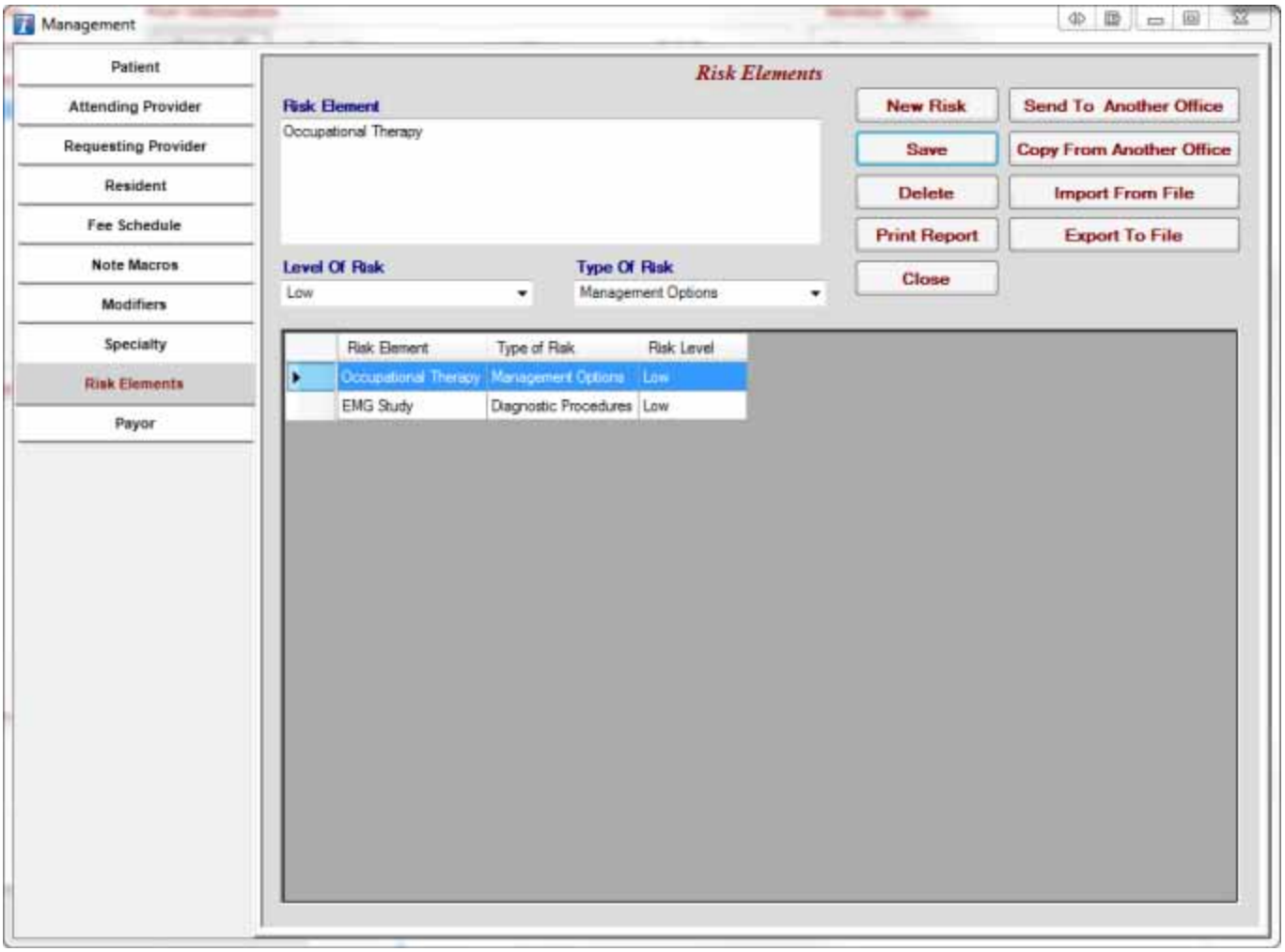
   a. If you'd like to export your **Risk Element** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

   b. Browse to the location in which you would like to save your exported CSV file.

   c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

   d. Click **Save** to save the CSV file.

10. When you are finished with the **Risk Elements** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.



Payors

1. **Add a Payor:**
    a. Click on the text box just below the **Payor ID** heading.
    b. Type in the Payor ID.
    c. Press the **Tab** key or click on the text box just below the **Payor** heading.
    d. Type in the Payor.
    e. To choose the **Default Fee Schedule** click on the drop down box just below the **Default Fee Schedule** heading.
    f. Click on the Fee Schedule in the list.
    g. Save the new Payor by clicking on the **Save** button.
2. **Select Records:**
    a. To select one Payor record, click anywhere on the row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Payors:**

   a. Select the Payor record(s) you wish to delete.

   b. Click the **Delete** button.

4. **Edit a Payor:**

   a. Select the Payor record you wish to edit by clicking anywhere on the Payor's row in the table.

   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

   c. To change the **Default Fee Schedule**, click on the corresponding drop down box and select a different option.

   d. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Send to Another Office:**

   a. Select the Payor record(s) that you want to be sent (copied) to the **Payor** table in another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the record(s). The Payors remain in this office and are now copied to the **Payor** table in the other office(s) selected.

   e. If there is a **Payor ID** from the selected office(s) that is the same as a **Payor ID** from the data you are sending, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Payor records (from this point forward in this process) in the selected office (s) that have a **Payor ID** that matches a **Payor ID** in the data you are sending.

      ii. The **None** option will tell Intelicode to not overwrite any Payor records for this particular copy from this point forward in this process.

      iii. The **Yes** option will tell Intelicode to overwrite this one particular Payor record and only this record.

      iv. The **No** option will tell Intelicode to not overwrite this one particular Payor record and only this record.

      v. The **Cancel** option will stop the entire Send process.

7. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Payor records.

c. Click **OK**. The Payor records from the office(s) you selected are now a part of your current office's **Payor** table.

d. If there is a **Payor ID** from the selected office(s) that is the same as a **Payor ID** from your current **Payor** table, you will be asked if you want to overwrite:

   i. The **All** option will tell Intelicode to overwrite any and all Risk Element records (from this point forward in this process) that have a **Payor ID** that matches a **Payor ID** in the data you are copying.

   ii. The **None** option will tell Intelicode to not overwrite any Payor records for this particular copy from this point forward in this process.

   iii. The **Yes** option will tell Intelicode to overwrite this one particular Payor record and only this record.

   iv. The **No** option will tell Intelicode to not overwrite this one particular Payor record and only this record.

   v. The **Cancel** option will stop the entire Copy process.

8. **Import From File:**

a. You can import Payors from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

9. **Export to File:**

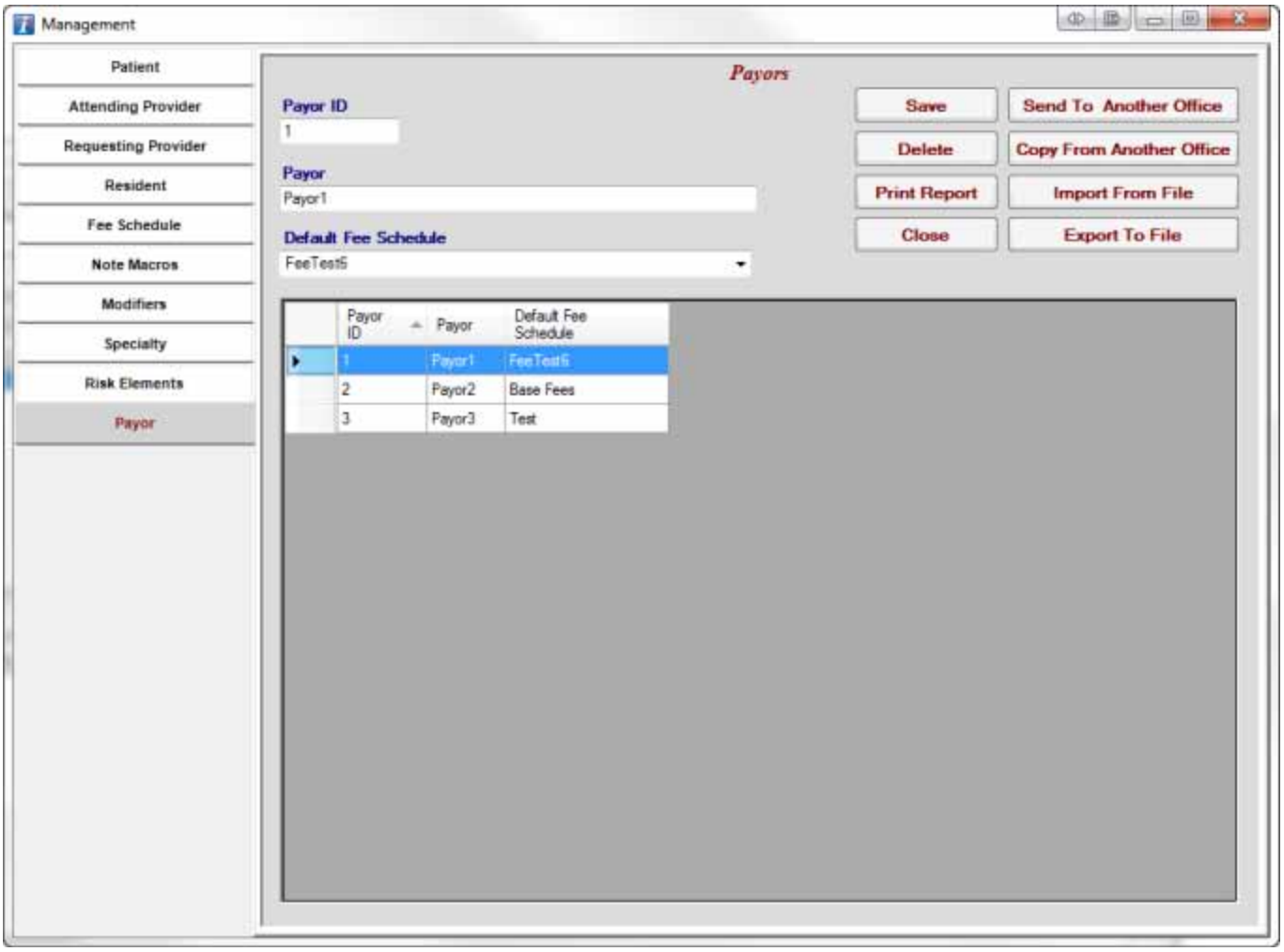
a. If you'd like to export your **Payor** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

10. When you are finished with the **Payors** screen, click on a different maintenance table from the menu on the left side of the screen, or click **Close** to close the **Management** screen.

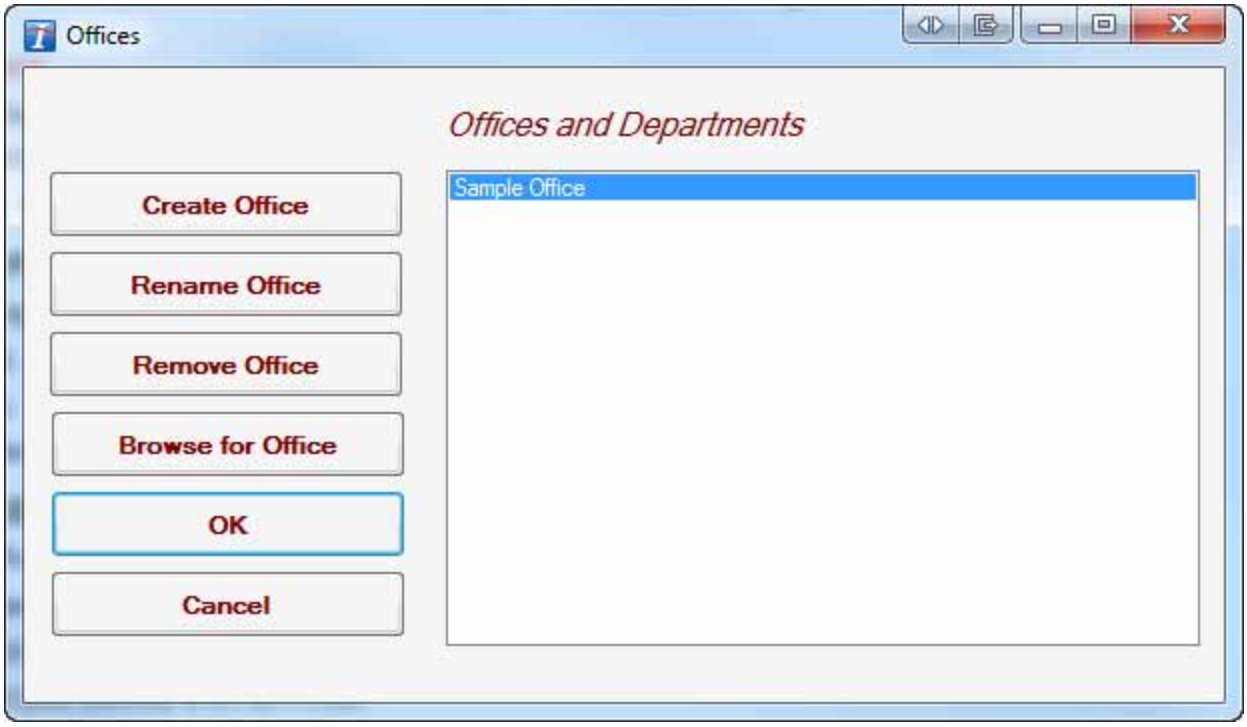


Offices

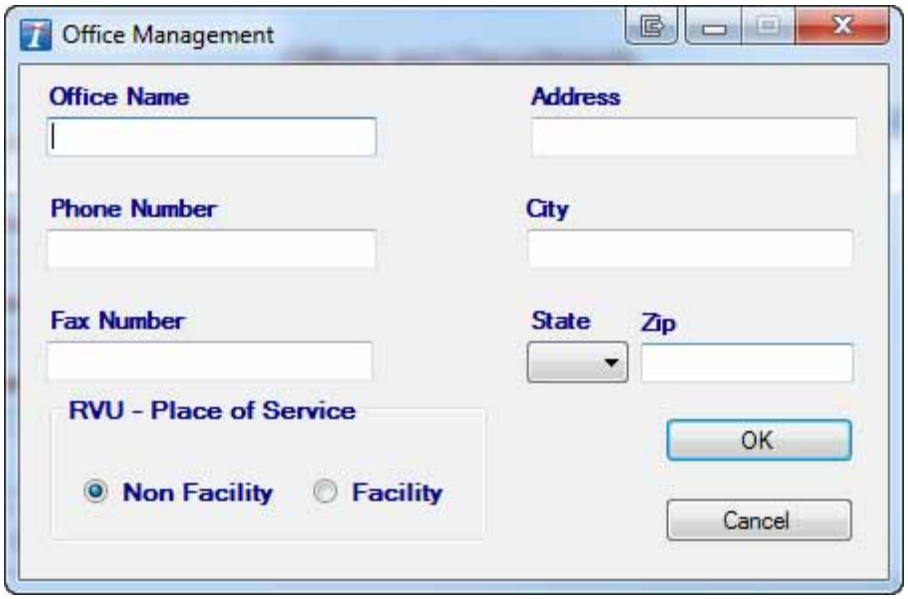
Create Office

To create a new office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**
2. You must have **Administrator** privileges to create an office. If you do not have this privilege, the **Create Office** button will have gray text. If this is the case, you will have to either be reassigned as an **Administrator** or you will have to have an **Administrator** create the office. To learn more about managing offices, permissions, and users, see the Administration help page.



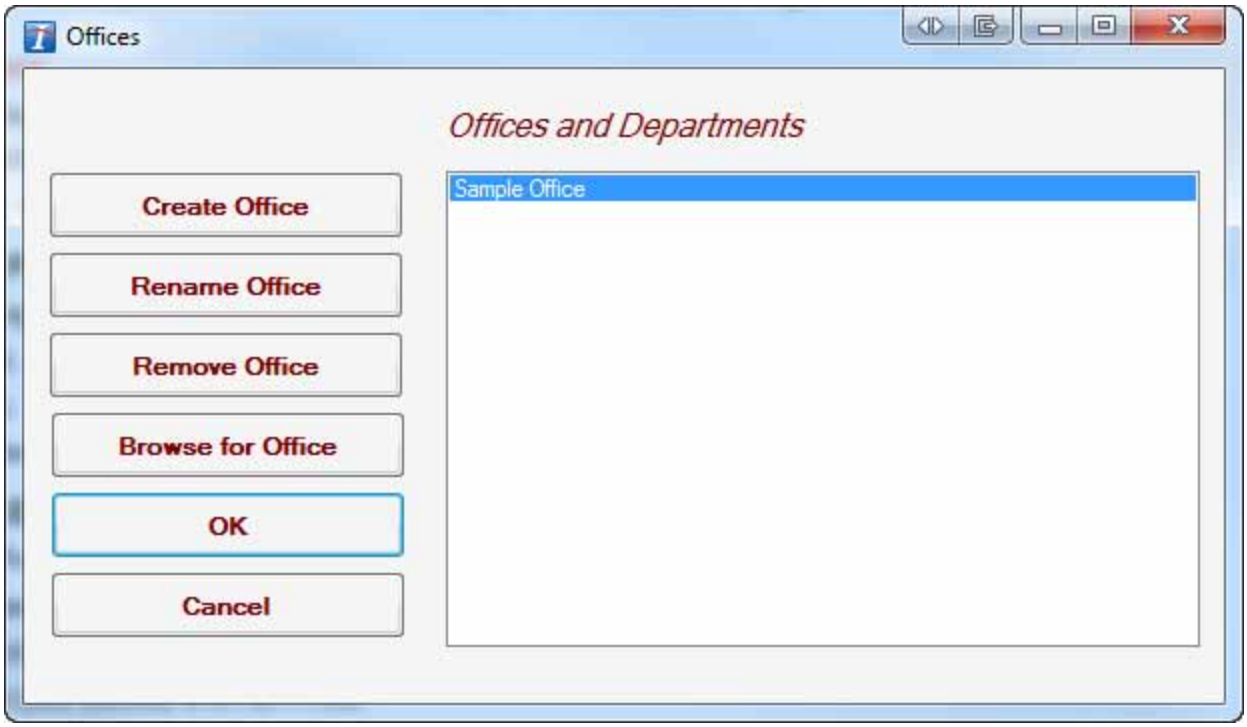
3. Click **Create Office**. The **Office Management** screen will come up.
4. Fill in the necessary information and click **OK**. The **Office Management** screen disappears
5. To begin using this office, click the office name on the **Offices and Departments** screen and click **OK**.

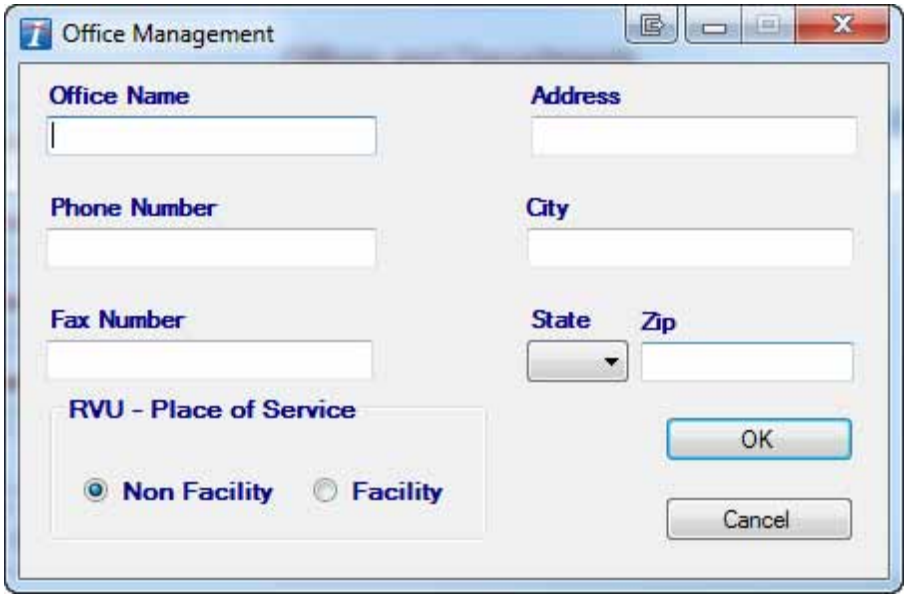


Rename Office

To create a new office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**
2. You must have **Administrator** privileges to rename an office. If you do not have this privilege, the **Rename Office** button will have gray text. If this is the case, you will have to either be reassigned as an **Administrator** or you will have to have an **Administrator** create the office. To learn more about managing offices, permissions, and users, see the Administration help page.
3. Click **Rename Office**. The **Office Management** screen will come up.
4. Edit the **Office Name** and any other necessary information that needs to be changed and click **OK**. The **Office Management** screen disappears
5. To begin use office, click the office name on the **Offices and Departments** screen and click **OK**.

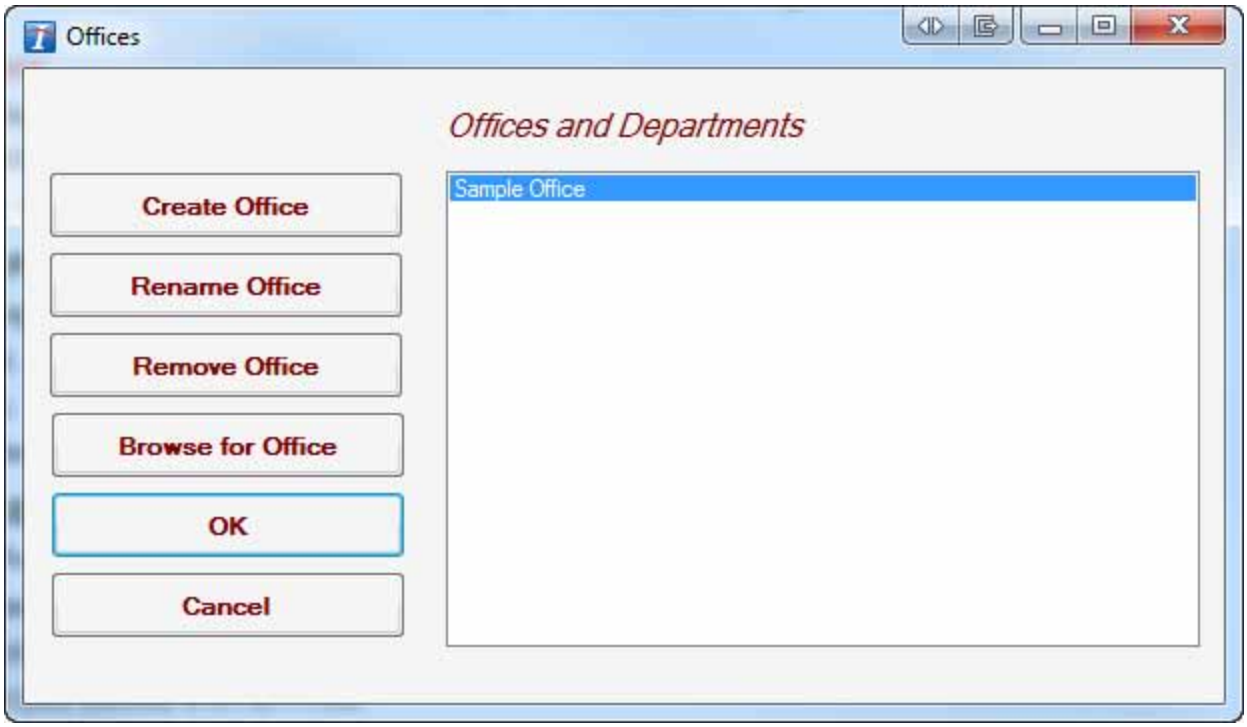




Remove Office

To remove an office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**



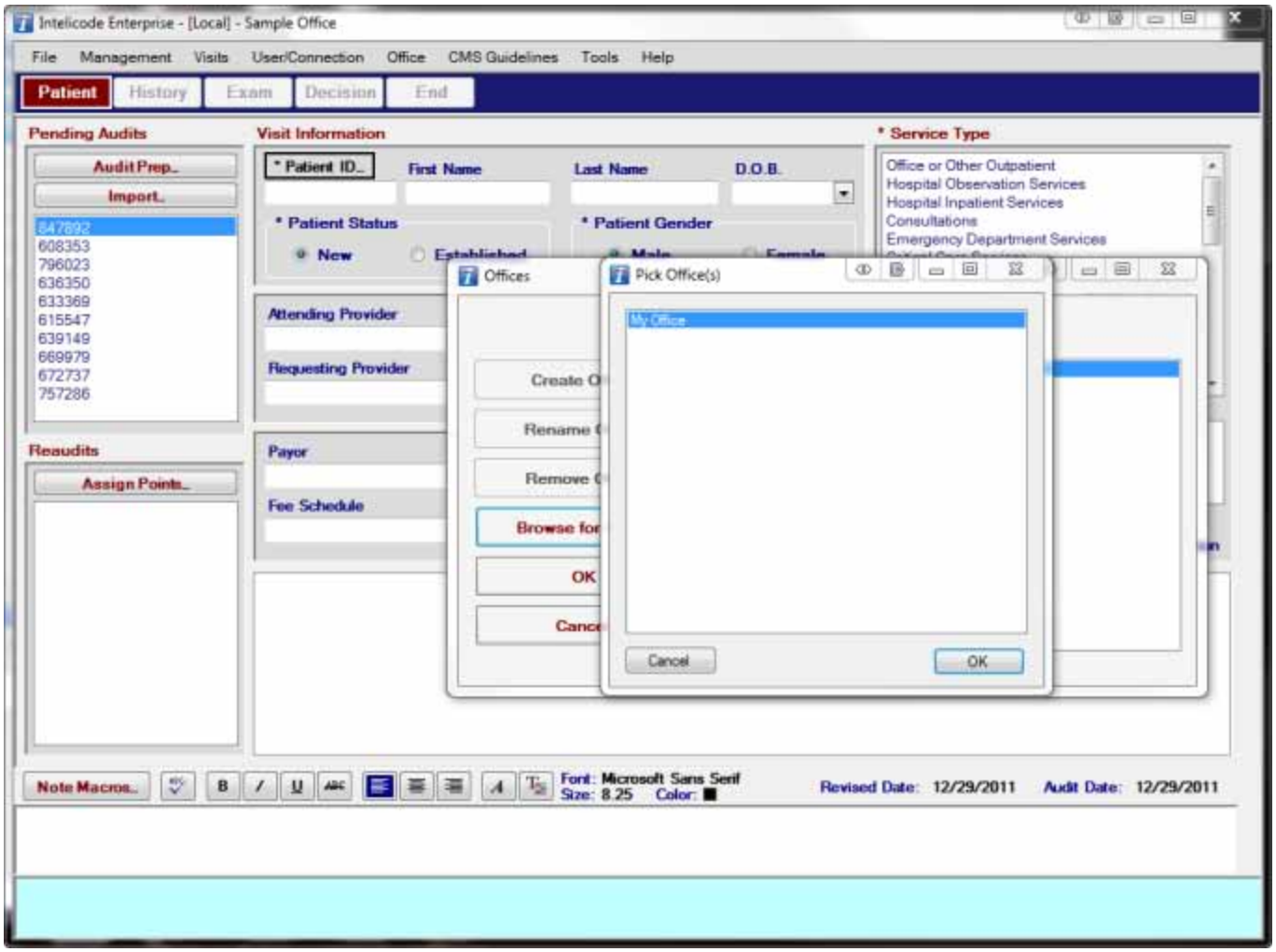
2. Click **Remove Office**. The office is removed from the **Offices and Departments** screen. The office file is not deleted from your system.

Browse for Office

To browse for an office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**

2. Click **Browse for Office**. The **Pick Office** window will appear showing any available offices. If the office you are looking for is not showing, your Administrator may need to add it.
3. To select the office that you wish to add to the **Offices and Departments** screen, click on it.
4. Then click **OK**. The **Pick Office** screen will disappear and the office you had selected will be added to the **Offices and Departments** screen.



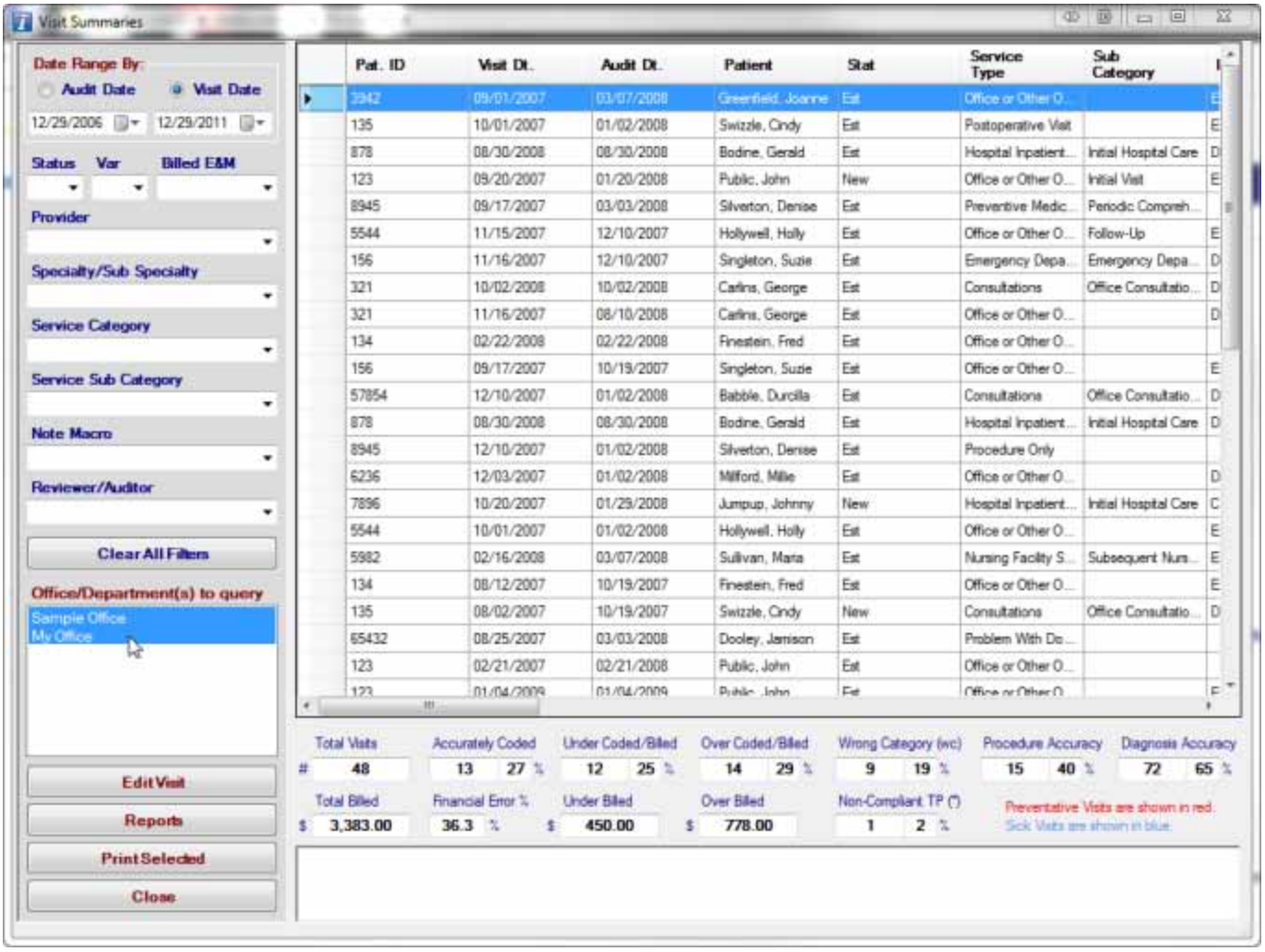
Multiple Offices

There are many reasons for creating and maintaining multiple offices in Intelicode. We need to look at our Intelicode date in much the same way as we would a file cabinet. Good filing practices make finding and managing information easier. You might create one Office for each for each clinic, site, department, or by client. You might wish to create a new Office for each year, quarter, or month, depending upon the amount of data. You have a great deal of flexibility. See the points below for more tips on using multiple offices.

1. **Multiple Offices in Visit Summaries:**
    a. Notice, first, the lower-left portion of the screen. There is a white box beneath the heading that says **Select Office/Department(s) to Query**. The office that is selected is the office that is being used to display the data in the grid on the right side of the screen.
    b. To display data from multiple offices, hold down **Ctrl** key and select other offices. You can also hold down the **Shift** key and click to select a group of offices at one time.

c. The data showing in the grid is a combination of the two offices. You can sort and filter this data just as if it were all in one office.

d. You can even run any report using the data from multiple offices!



Copy and Send Between Offices

In Intelicode, you have the ability to "Copy" or "Send" various items from office to office.

I. **Copying and Sending from the Management Screen:**

a. **Send to Another Office:**

i. Select the record(s) that you want to be sent (copied) to the corresponding table in another office(s).

ii. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.

iii. Select the office(s) that you would like to send this record(s) to.

iv. Click **OK** to send the record(s). The records remain in this office and are now copied to the corresponding table in the other office(s) selected.

v. If there is a record from the selected office(s) that has the same ID as a record in the data you are sending, you will be asked if you want to overwrite:

- The **All** option will tell Intelicode to overwrite any and all records (from this point forward in this process) that have an ID that matches the ID in the data you are sending.
- The **None** option will tell Intelicode to not overwrite any records for this particular copy from this point forward in this process.
- The **Yes** option will tell Intelicode to overwrite this one particular record and only this record.
- The **No** option will tell Intelicode to not overwrite this one particular record and only this record.
- The **Cancel** option will stop the entire Send process.

b. **Copy From Another Office:**

i. Click the **Copy From Another Office** button.

ii. Select the office(s) from which you wish to copy all of its records from its corresponding table.

iii. Click **OK**. The records from the office(s) you selected are now a part of the corresponding table in the current office.

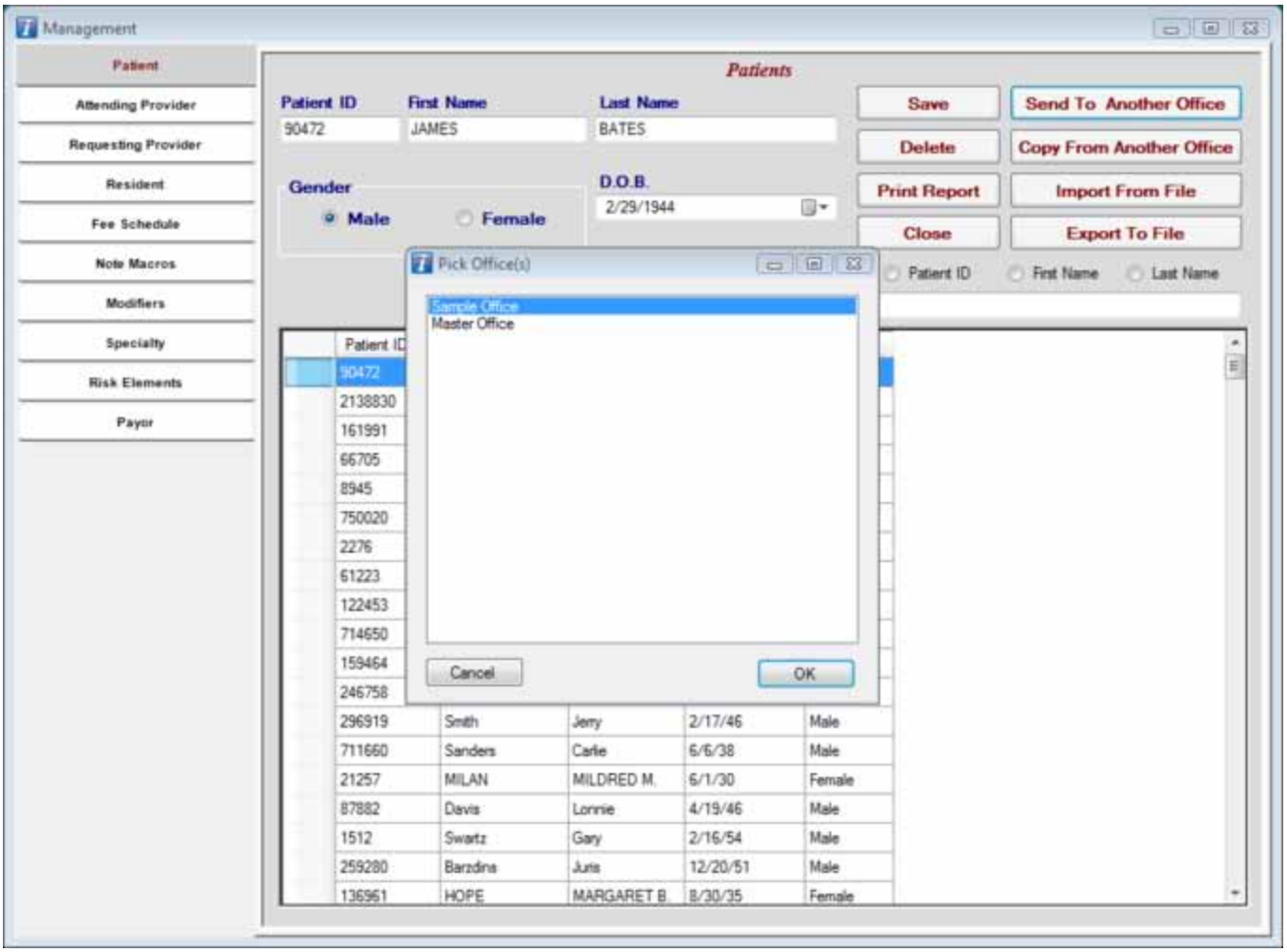
iv. If there is a record from the selected office(s) that has the same ID as a record from your current table, you will be asked if you want to overwrite:

- The **All** option will tell Intelicode to overwrite any and all records that have an ID that matches the ID in the current table.
- The **None** option will tell Intelicode to not overwrite any records for this particular copy.
- The **Yes** option will tell Intelicode to overwrite this one particular record and only this one.
- The **No** option will tell Intelicode to not overwrite this one particular record. If there are any more duplicate records, you will asked the question again pertaining to each of the other records so long as you click **No**.
- The **Cancel** option will stop the entire Copy process.

2. **Sending Visits from Visit Summaries:**

a. Select the visit(s) you wish to send.

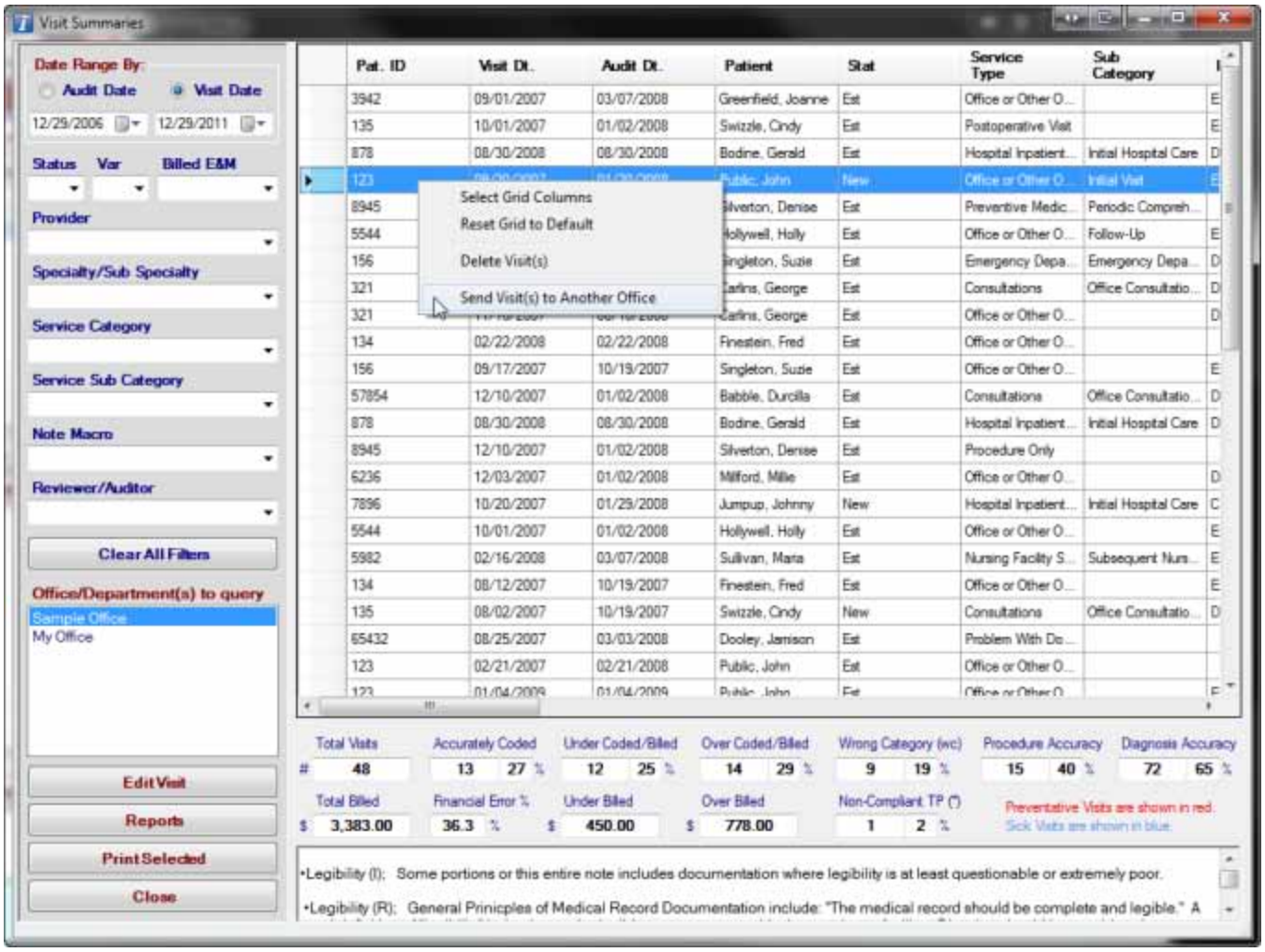
b. When you have the visit(s) selected, right-click anywhere in the grid and click **Send Visit(s) to Another Office**. The **Pick Office(s)** window appears.



c. Choose the office(s) that you want to send the visits to by clicking on the office name.

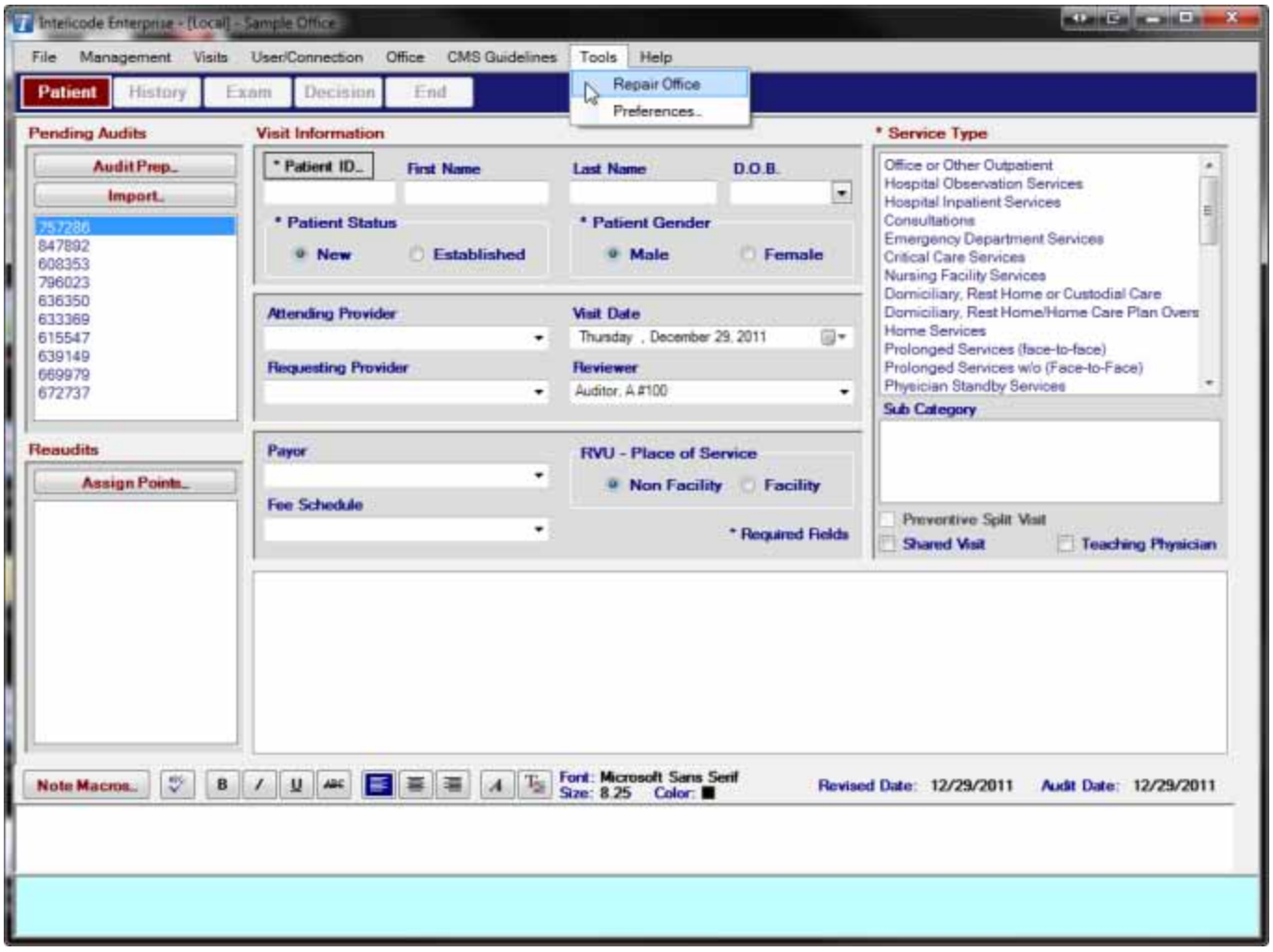
d. Duplicate visits will be ignored.

e. Use the **Shift** key and the **Ctrl** key to select multiple offices.


Visit Summaries
Date Range By:
Audit Date
Visit Date
12/29/2006
12/29/2011
Status
Var
Billed E&M
Provider
Specialty/Sub Specialty
Service Category
Service Sub Category
Note Macro
Reviewer/Auditor
Clear All Filters
Office/Department(s) to query
Sample Office
My Office
Edit Visit
Reports
Print Selected
Close
Pat. ID
Visit Dt.
Audit Dt.
Patient
Stat
Service Type
Sub Category
3942 09/01/2007 03/07/2008 Greenfield, Joanne Est Office or Other O...
135 10/01/2007 01/02/2008 Swizzle, Cindy Est Postoperative Visit
878 08/30/2008 08/30/2008 Bodine, Gerald Est Hospital Inpatient... Initial Hospital Care
123 Public, John New Office or Other O... Initial Visit
8945 Silverton, Denise Est Preventive Medic... Periodic Comprehens...
5544 Hollywell, Holly Est Office or Other O... Follow-Up
156 Singleton, Suzie Est Emergency Depa... Emergency Depa...
321 Carlins, George Est Consultations Office Consultatio...
321 Carlins, George Est Office or Other O...
134 02/22/2008 02/22/2008 Finestein, Fred Est Office or Other O...
156 09/17/2007 10/19/2007 Singleton, Suzie Est Office or Other O...
57854 12/10/2007 01/02/2008 Babble, Durcilla Est Consultations Office Consultatio...
878 08/30/2008 08/30/2008 Bodine, Gerald Est Hospital Inpatient... Initial Hospital Care
8945 12/10/2007 01/02/2008 Silverton, Denise Est Procedure Only
6236 12/03/2007 01/02/2008 Milford, Millie Est Office or Other O...
7896 10/20/2007 01/29/2008 Jumpup, Johnny New Hospital Inpatient... Initial Hospital Care
5544 10/01/2007 01/02/2008 Hollywell, Holly Est Office or Other O...
5982 02/16/2008 03/07/2008 Sullivan, Maria Est Nursing Facility S... Subsequent Nurs...
134 08/12/2007 10/19/2007 Finestein, Fred Est Office or Other O...
135 08/02/2007 10/19/2007 Swizzle, Cindy New Consultations Office Consultatio...
65432 08/25/2007 03/03/2008 Dooley, Jamison Est Problem With Do...
123 02/21/2007 02/21/2008 Public, John Est Office or Other O...
Select Grid Columns
Reset Grid to Default
Delete Visit(s)
Send Visit(s) to Another Office
Total Visits
48
Accurately Coded
13 27 %
Under Coded/Billed
12 25 %
Over Coded/Billed
14 29 %
Wrong Category (wc)
9 19 %
Procedure Accuracy
15 40 %
Diagnosis Accuracy
72 65 %
Total Billed
$ 3,383.00
Financial Error %
36.3 %
Under Billed
$ 450.00
Over Billed
$ 778.00
Non-Compliant TP (*)
1 2 %
Preventative Visits are shown in red.
Sick Visits are shown in blue.
•Legibility (I): Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
•Legibility (R): General Prinicples of Medical Record Documentation include: "The medical record should be complete and legible." A

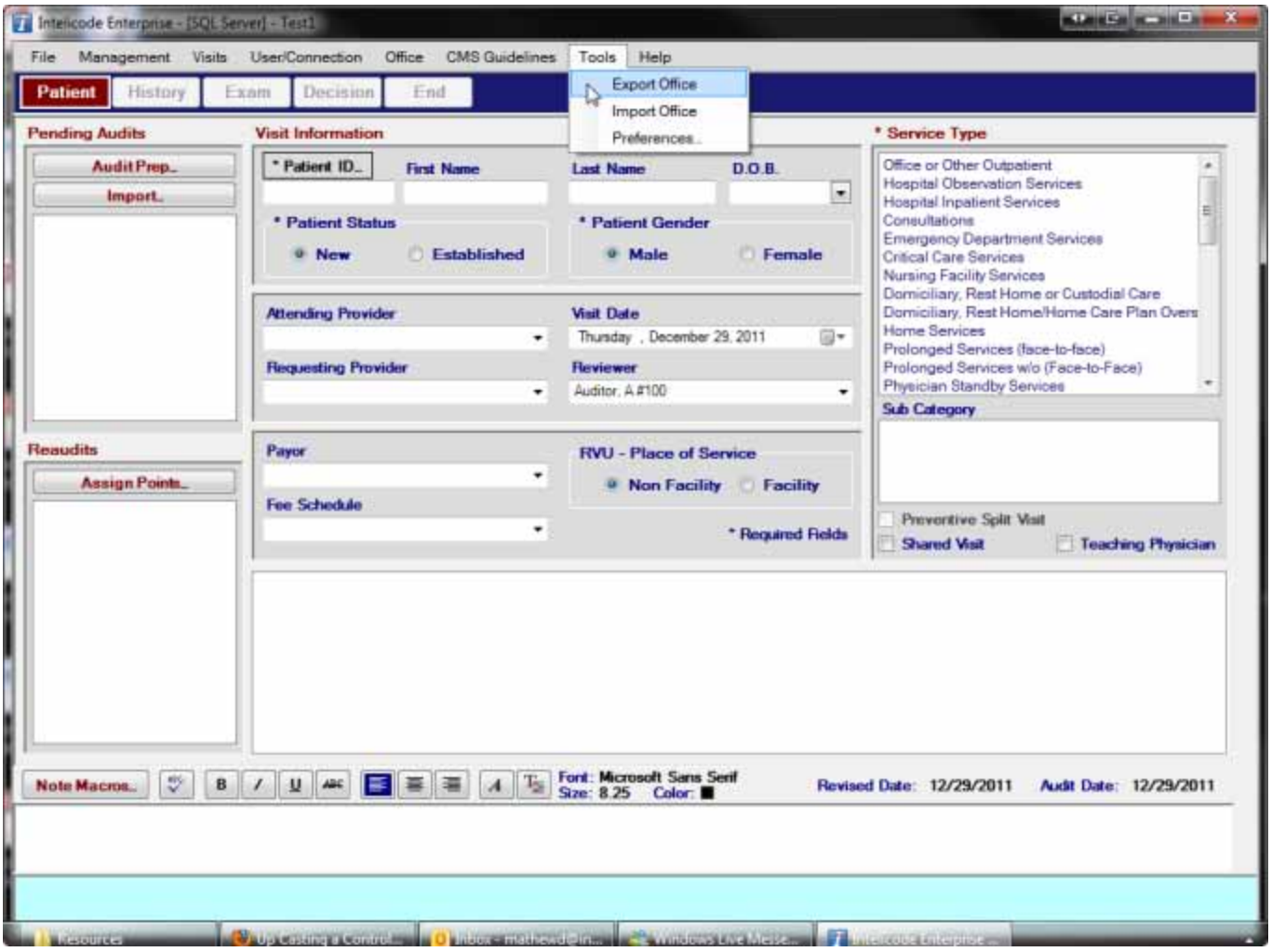
Repair Office

1. From time to time a database can get corrupted in one way or another.
2. Often times, this problem can be corrected with a simple process called **Repair**.
3. This tool is only available and applicable when using the **Local/Standard** database type rather than **SQL Server**.
4. To **Repair** an office, click on the **Tools** menu at the top of the screen.
5. Then, click the **Repair Office** menu item. The repair should be completed shortly.
6. If the **Repair** does not seem to solve your problem, you may call **1-800-786-4231** for technical assistance.



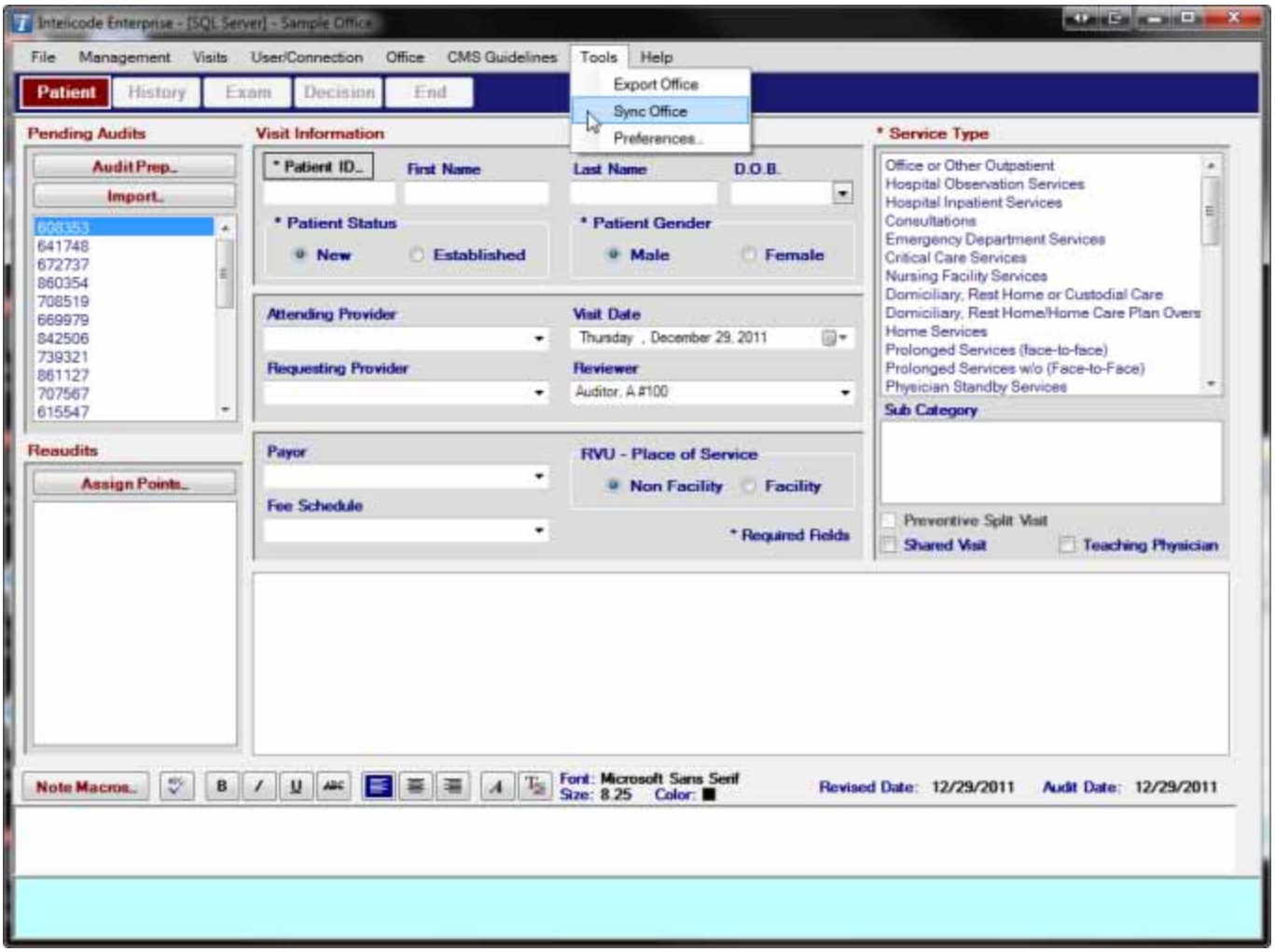
Export Office

1. This tool is only available and applicable when using the **SQL Server** database type rather than **Local/Standard**.
2. To **Export** an office from **SQL Server** to a **Standard** database, click on the **Tools** menu at the top of the screen.
3. Then, click the **Export Office** menu item. A **Save As** dialog will appear.
4. Browse to the location where you would like to save the exported office.
5. Change the file name if you wish, but it is highly recommended that you retain the ".tsidb" extension.
6. Click **Save**. The **Export** should be completed shortly.



Sync Office

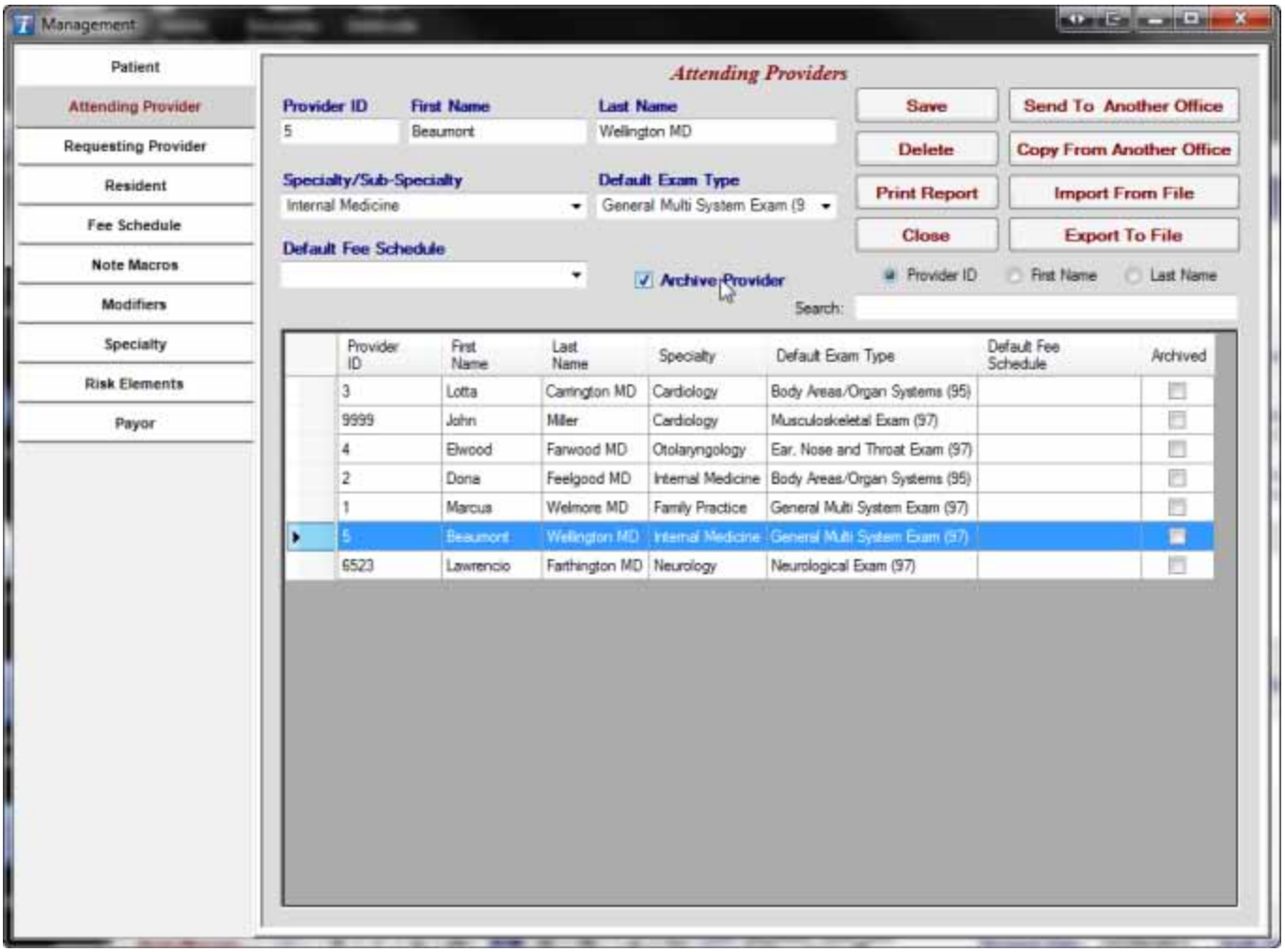
1. This tool is only available and applicable when using the **SQL Server** database type rather than **Local/Standard**.
2. To **Sync** an office with an exported office, click on the **Tools** menu at the top of the screen.
3. Then, click the **Sync Office** menu item. A **Open** dialog will appear with the title **Sync Intelicode Office**.
4. Browse to the location of the office you would like the current office to be synced with.
5. Select the office file.
6. Click **Open**. The **Sync** should be completed shortly.



Miscellaneous

Archive Providers and Residents

1. Click on the **Management** menu at the top of the screen.
2. Click on **Attending Provider**, **Requesting Provider**, or **Resident** depending upon what you want to archive. A screen will appear corresponding to the option that you selected.
3. Select the record(s) you wish to have archived by clicking on the row.
4. Then, look for the **Archive Provider** or **Archive Resident** heading next to a check box. Click on the check box or on the text itself. The box will become checked.
5. With the record(s) selected, and the box checked, click the **Save** button.


Management
Patient
Attending Provider
Requesting Provider
Resident
Fee Schedule
Note Macros
Modifiers
Specialty
Risk Elements
Payor
Attending Providers
Provider ID
First Name
Last Name
5
Beaumont
Wellington MD
Specialty/Sub-Specialty
Internal Medicine
Default Exam Type
General Multi System Exam (9
Default Fee Schedule
Archive Provider
Save
Send To Another Office
Delete
Copy From Another Office
Print Report
Import From File
Close
Export To File
Provider ID
First Name
Last Name
Search:
Provider ID | First Name | Last Name | Specialty | Default Exam Type | Default Fee Schedule | Archived
3 | Lotta | Carrington MD | Cardiology | Body Areas/Organ Systems (95)
9999 | John | Miller | Cardiology | Musculoskeletal Exam (97)
4 | Elwood | Farwood MD | Otolaryngology | Ear, Nose and Throat Exam (97)
2 | Dona | Feelgood MD | Internal Medicine | Body Areas/Organ Systems (95)
1 | Marcus | Welmore MD | Family Practice | General Multi System Exam (97)
5 | Beaumont | Wellington MD | Internal Medicine | General Multi System Exam (97)
6523 | Lawrencio | Farthington MD | Neurology | Neurological Exam (97)

5. Click the **Update Now** button to begin the update process.

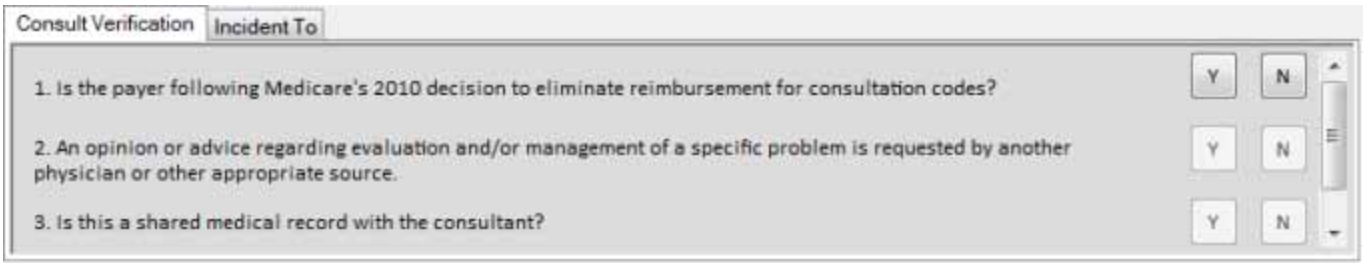
Automatic Updates

Intelicode offers automatic updates for our users who are connected to the Internet. When Intelicode is launched, it will check for any updates. If it finds an update, it will prompt to download the latest version. You can also manually **Check For Updates** by clicking on the **Help** menu at the top of the screen, and then clicking the **Check For Updates** option.

1. To download the latest version of Intelicode, click on the **Yes** button from the **Intelicode Update Manager**. Selecting **No** will simply continue to run Intelicode.
2. After clicking the **Yes** button to download the update, a **Download** screen that shows the progress of the download.
3. While the latest version is downloading, you can continue to use Intelicode. When the download is finished, you will see a pop-up window.
4. Clicking the **Update Later** button will allow you to stay in Intelicode and continue auditing. The next time Intelicode is run it will update.
6. Once the update is complete it will ask you to launch Intelicode.
7. Once you have relaunched Intelicode, your update will be complete.
8. If you had chosen to **Update Later**, the next time Intelicode is launched you will see a screen that informs you that Intelicode is now going to update to the latest version.

Consult Verification

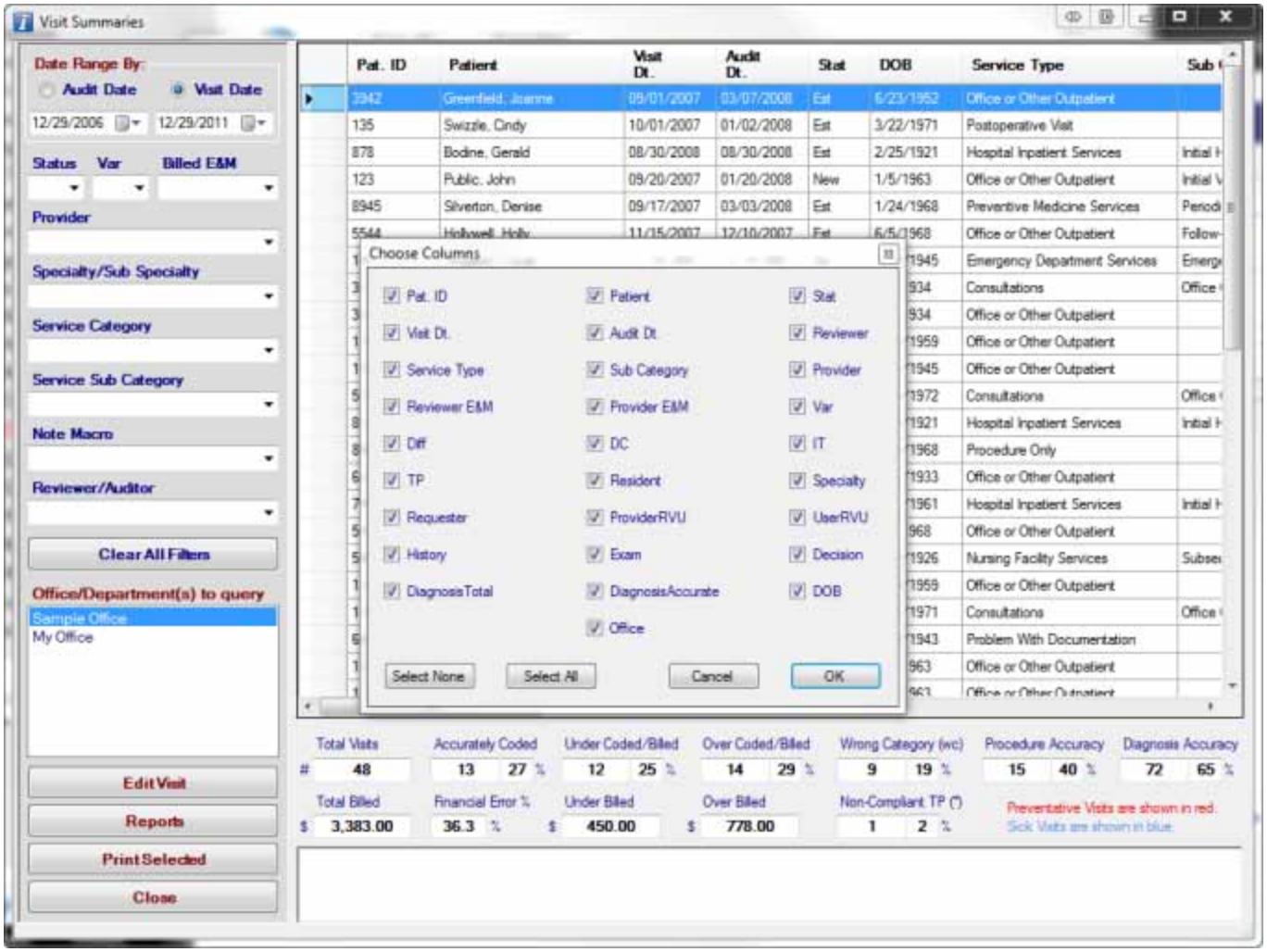
1. When choosing the **Consultations** service from the **Patient Screen**, the **Consult Verification** tab becomes available in the section just below the **Service Type** section.
2. You will be prompted to answer the following questions. Once the questions have been answered appropriately, you may complete the rest of the review.


Consult Verification
Incident To
1. Is the payer following Medicare's 2010 decision to eliminate reimbursement for consultation codes?
Y
N
2. An opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.
Y
N
3. Is this a shared medical record with the consultant?
Y
N

Customized Visit Summaries Grid

1. Click on the **Visits** menu at the top of the screen.

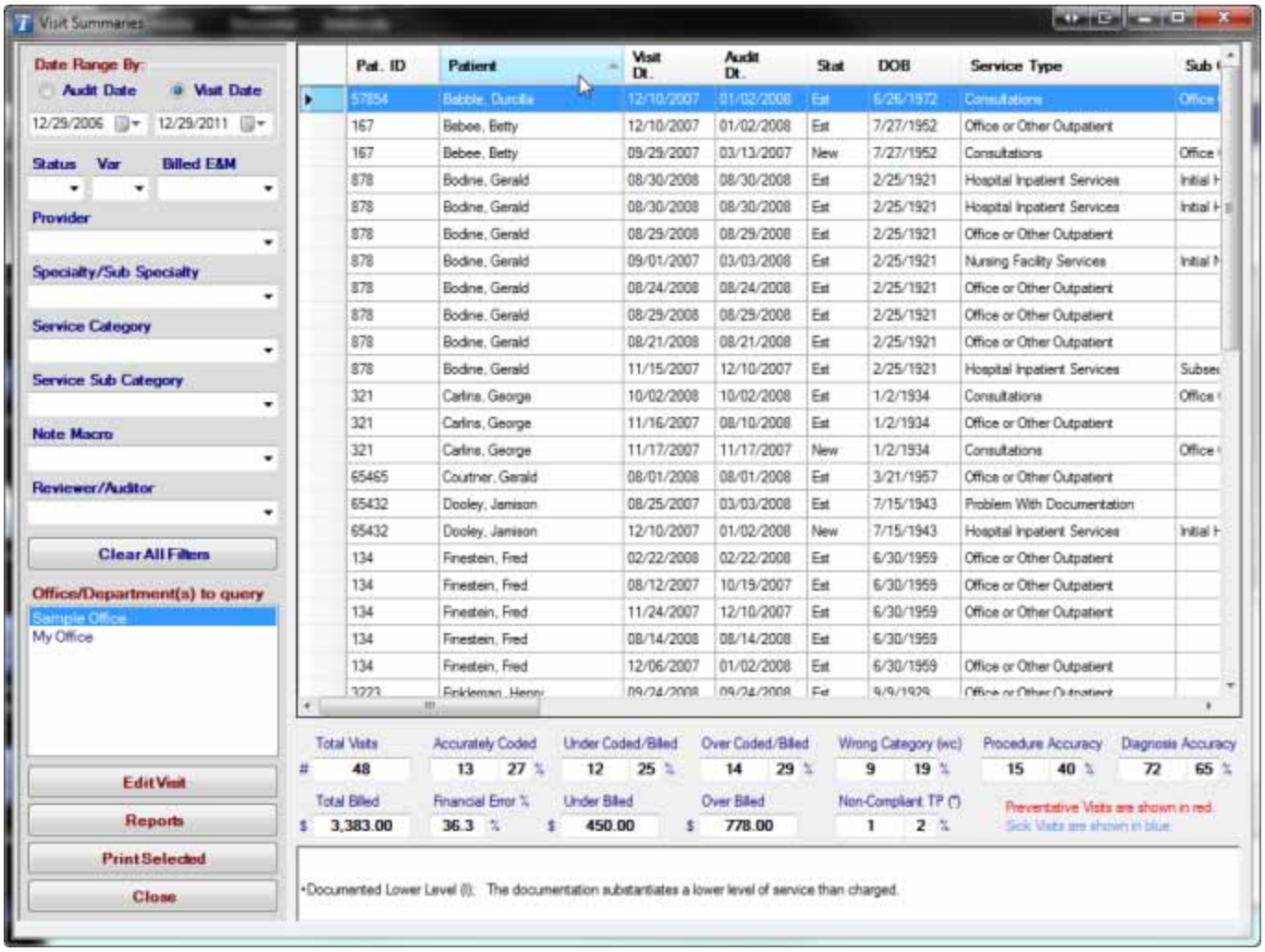
2. Select the **Visit Summaries** option by clicking on it.
3. To customize which columns are visible in the grid, right-click anywhere in the grid and click on **Select Grid Columns**. Check on or off the desired columns (fields) by clicking the column name or on its corresponding check box.



4. To customize the order in which the columns display, simply click on one of the column headings at the top of the grid, hold down the mouse button and drag it across to the desired location. Intelicode will remember your column order even after exiting the program and returning.

5. To sort the data according to the ascending or descending order of the data in a particular column, simply click on that column heading at the top of the grid. Click the column heading again to toggle between ascending or descending order.

6. To alter the width of any given column, use your mouse to put the cursor on the column heading bar on the line that separates the columns, hold down the mouse button, and drag the column divider to the desired position. Intelicode will remember your column widths even after you have exited the software and returned.


Visit Summaries
Date Range By:
Audit Date
Visit Date
12/29/2006
12/29/2011
Status
Var
Billed E&M
Provider
Specialty/Sub Specialty
Service Category
Service Sub Category
Note Macro
Reviewer/Auditor
Clear All Filters
Office/Department(s) to query
Sample Office
My Office
Edit Visit
Reports
Print Selected
Close
Pat. ID
Patient
Visit Dt.
Audit Dt.
Stat
DOB
Service Type
Sub
57854 Babble, Durolla 12/10/2007 01/02/2008 Est 6/26/1972 Consultations Office
167 Bebee, Betty 12/10/2007 01/02/2008 Est 7/27/1952 Office or Other Outpatient
167 Bebee, Betty 09/29/2007 03/13/2007 New 7/27/1952 Consultations Office
878 Bodine, Gerald 08/30/2008 08/30/2008 Est 2/25/1921 Hospital Inpatient Services Initial
878 Bodine, Gerald 08/30/2008 08/30/2008 Est 2/25/1921 Hospital Inpatient Services Initial
878 Bodine, Gerald 08/29/2008 08/29/2008 Est 2/25/1921 Office or Other Outpatient
878 Bodine, Gerald 09/01/2007 03/03/2008 Est 2/25/1921 Nursing Facility Services Initial
878 Bodine, Gerald 08/24/2008 08/24/2008 Est 2/25/1921 Office or Other Outpatient
878 Bodine, Gerald 08/29/2008 08/29/2008 Est 2/25/1921 Office or Other Outpatient
878 Bodine, Gerald 08/21/2008 08/21/2008 Est 2/25/1921 Office or Other Outpatient
878 Bodine, Gerald 11/15/2007 12/10/2007 Est 2/25/1921 Hospital Inpatient Services Subse
321 Carlins, George 10/02/2008 10/02/2008 Est 1/2/1934 Consultations Office
321 Carlins, George 11/16/2007 08/10/2008 Est 1/2/1934 Office or Other Outpatient
321 Carlins, George 11/17/2007 11/17/2007 New 1/2/1934 Consultations Office
65465 Courtner, Gerald 08/01/2008 08/01/2008 Est 3/21/1957 Office or Other Outpatient
65432 Dooley, Jamison 08/25/2007 03/03/2008 Est 7/15/1943 Problem With Documentation
65432 Dooley, Jamison 12/10/2007 01/02/2008 New 7/15/1943 Hospital Inpatient Services Initial
134 Finestein, Fred 02/22/2008 02/22/2008 Est 6/30/1959 Office or Other Outpatient
134 Finestein, Fred 08/12/2007 10/19/2007 Est 6/30/1959 Office or Other Outpatient
134 Finestein, Fred 11/24/2007 12/10/2007 Est 6/30/1959 Office or Other Outpatient
134 Finestein, Fred 08/14/2008 08/14/2008 Est 6/30/1959
134 Finestein, Fred 12/06/2007 01/02/2008 Est 6/30/1959 Office or Other Outpatient
Total Visits # 48
Accurately Coded 13 27 %
Under Coded/Billed 12 25 %
Over Coded/Billed 14 29 %
Wrong Category (wc) 9 19 %
Procedure Accuracy 15 40 %
Diagnosis Accuracy 72 65 %
Total Billed $ 3,383.00
Financial Error % 36.3 %
Under Billed $ 450.00
Over Billed $ 778.00
Non-Compliant TP (*) 1 2 %
Preventative Visits are shown in red.
Sick Visits are shown in blue.
*Documented Lower Level (l): The documentation substantiates a lower level of service than charged.

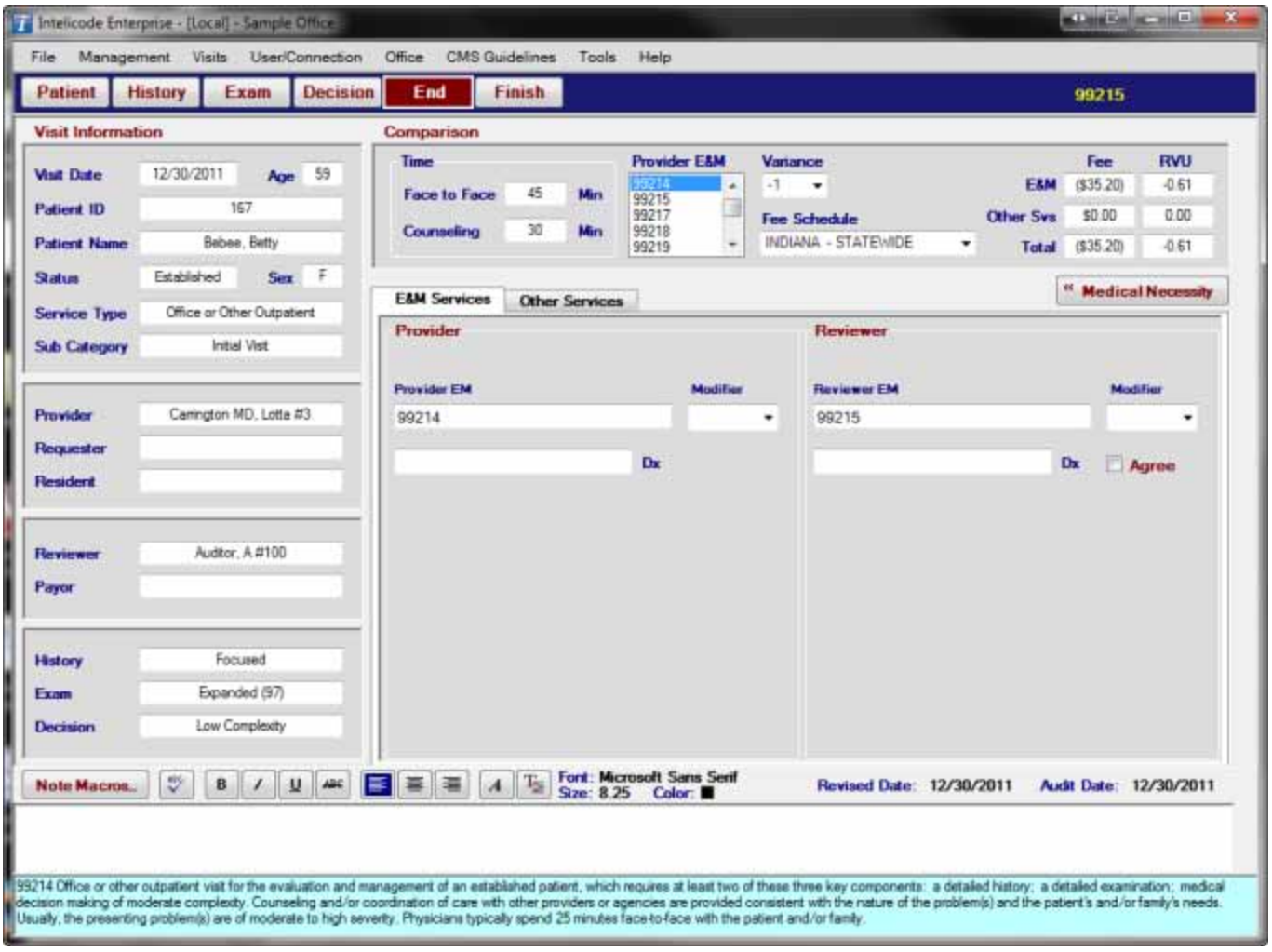
7. To reset your columns to their original settings, right-click on the grid and then click **Reset Grid to Default**.
8. To filter the data based on a particular field, use the drop down boxes on the left side of the screen. Intelicode will remember your filter settings even after exiting the program and returning. To reset the filters to their original settings, click **Clear All Filters**.
9. See the Visit Summaries help page for more information.

Date of Birth

In Intelicode, the Date of Birth (D.O.B.) is not required. There are a handful of E&M codes that are based on age (i.e. Preventive Medicine codes).

Provider vs. Reviewer E&M

1. To indicate the **Provider** or **Billed** code click on the appropriate (or not so appropriate is the the case may be) code in the list of E&M codes under the **Provider E&M** heading on the **End Screen**, and Intelicode will calculate a **Variance** and an **Overbilled** or **Underbilled** amount (based on your currently selected fee schedule).
2. If you don't have a fee schedule, you can still report on those services that are inappropriately coded. The **Variance** is calculated by looking at the **Service Category** and **Sub Category**.
3. If the software calculates a 99215 for example, and the provider billed a 99214, Intelicode looks at both codes being from the same category (99211-99215) and calculates the difference between the **Provider (Billed)** and **Reviewer (Audited)** code.
4. Regardless of whether or not you use a Fee Schedule, Intelicode will keep a running total on **Overbilled**, **Underbilled**, **Wrong Category**, and **Non-Compliant Teaching Physician** visits.


Intelicode Enterprise - [Local] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End Finish
99215
Visit Information
Visit Date 12/30/2011 Age 59
Patient ID 167
Patient Name Bebee, Betty
Status Established Sex F
Service Type Office or Other Outpatient
Sub Category Initial Visit
Provider Carrington MD, Lotta #3
Requester
Resident
Reviewer Auditor, A #100
Payor
History Focused
Exam Expanded (97)
Decision Low Complexity
Comparison
Time
Face to Face 45 Min
Counseling 30 Min
Provider E&M
99214
99215
99217
99218
99219
Variance
-1
Fee Schedule
INDIANA - STATEWIDE
Fee RVU
E&M ($35.20) -0.61
Other Svs $0.00 0.00
Total ($35.20) -0.61
E&M Services
Other Services
Medical Necessity
Provider
Provider EM
99214
Modifier
Dx
Reviewer
Reviewer EM
99215
Modifier
Dx
Agree
Note Macros...
Font: Microsoft Sans Serif
Size: 8.25 Color:
Revised Date: 12/30/2011 Audit Date: 12/30/2011
99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

EZHelp™

As you move your mouse over various elements within the Intelicode program, you will notice that the text in the light blue window offers useful tips and helpful reminders. We call this EZHelp™

Hospital Inpatient Services - 99221 - 99239. These codes are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services. See also psychiatry notes in the full text of CPT.

Running Tally

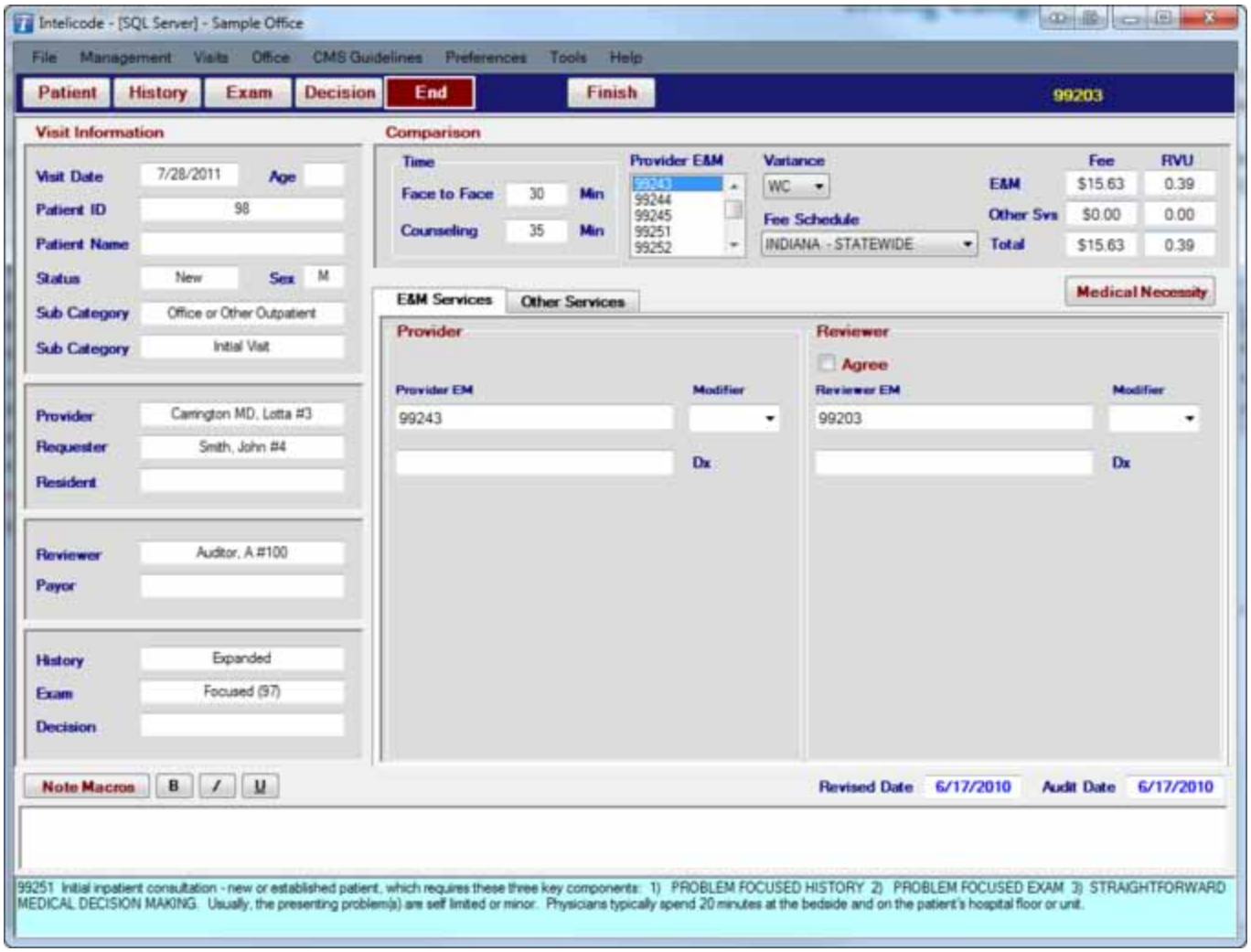
Intelicode keeps a "running tally". You will notice the code changing as your **History**, **Exam**, and **Decision** levels change.

NOTE: Depending on the CPT code, the "key components" required, and the documentation you may not see a code, even after completing the audit.

EXAMPLE: A **Hospital Inpatient Services - Initial Hospital Care** (codes 99221-99223) require documentation in each of the three key components (**History**, **Exam**, and **Medical Decision Making**). A **99221** requires a **Detailed and Comprehensive History**, a **Detailed or Comprehensive Examination**, and a **Straightforward** or **Low Complexity MDM**. If you only document a **Detailed History**, an **Expanded Exam**, and a **Straightforward MDM**, for example, Intelicode will not give you a code.

Wrong Category

In situations where the **Provider** billed the wrong category (i.e. a **99243** rather than a **99203**), Intelicode will calculate a **WC** rather than a **Variance**. The totals in **Visit Summaries** will reflect the **Total Wrong Category** in addition to the **Overbilled** and **Underbilled** visits.


Intelicode - [SQL Server] - Sample Office
File Management Visits Office CMS Guidelines Preferences Tools Help
Patient History Exam Decision End Finish 99203
Visit Information
Visit Date 7/28/2011 Age
Patient ID 98
Patient Name
Status New Sex M
Sub Category Office or Other Outpatient
Sub Category Initial Visit
Provider Carrington MD, Lotta #3
Requester Smith, John #4
Resident
Reviewer Auditor, A #100
Payor
History Expanded
Exam Focused (97)
Decision
Comparison
Time
Face to Face 30 Min
Counseling 35 Min
Provider E&M
99243
99244
99245
99251
99252
Variance
WC
Fee Schedule
INDIANA - STATEWIDE
Fee RVU
E&M $15.63 0.39
Other Svs $0.00 0.00
Total $15.63 0.39
Medical Necessity
E&M Services Other Services
Provider
Provider EM Modifier
99243
Dx
Reviewer
Agree
Reviewer EM Modifier
99203
Dx
Note Macros B I U
Revised Date 6/17/2010 Audit Date 6/17/2010
99251 Initial inpatient consultation - new or established patient, which requires these three key components: 1) PROBLEM FOCUSED HISTORY 2) PROBLEM FOCUSED EXAM 3) STRAIGHTFORWARD MEDICAL DECISION MAKING. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.

Shortcuts

Shortcuts

This page includes some tips and shortcuts that you might want to familiarize yourself with. Hopefully, these will help you to more quickly and efficiently accomplish your work. Please do not hesitate to contact us at 800-786-4231 and we will be happy to do a walk-through to show you helpful tips.

1. **Quickly calculate a level of service:**
    a. If you simply want to calculate a level of service, you only need to enter **Patient ID**, **Patient Status**, **Gender**, and **Service Type**.
    b. When you get to the **End** screen, you simply click **Finish**, then click **Clear Visit (Do not Save)**.
2. **Keeping your offices updated:**
    a. Each time you enter a new **Note Macro**, **Provider**, or any other item that is found in the **Management** menu, simply select the new item or items.
    b. Click the **Send to Another Office** button, choose the office(s) that you wish to update.
    c. Click **OK**.
3. **A Quicker way of getting into Intelicode:**
    a. Intelicode keeps track of the last user that was in the program. So when you open Intelicode and the **Login** window appears, if your **User Name** has no **Password**, simply press **Enter** and it will bring up the **Offices** window.
    b. Intelicode also keeps track of the last office that was used. If you wish to use the same office, simply press **Enter** again and you are in the program!

Contact Us

Contact Corporate Headquarters

We are committed to providing not only the #1 auditing software, but excellent customer service and support to go along with it!

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Telephone:	800-786-4231 260-837-8200
FAX:	260-837-9090
Web Address:	www.intelicode.com
Office Hours:	Monday to Friday 9am to 5pm Eastern Standard Time

Contact Sales

Contact us for information about the latest products and services.

Telephone:	800-786-4231
FAX:	260-837-9090
Web Address:	www.intelicode.com
Email:	sales@intelicode.com

Office Hours:	Monday to Friday 9am to 5pm Eastern Standard Time

Contact Technical Support

Your subscription includes unlimited technical support. You may contact us via telephone, email, or web. Please have the following information available to help us to better serve your needs:

1. Determine your operating system version. It will typically be either **Windows XP**, **Windows Vista**, or **Windows 7**.
2. Find the version of Intelicode by clicking on the **Help** menu at the top of the screen. Then, click on the **About Intelicode** option.

Having these pieces of information available will help our support team to better diagnose any problem that you may be experiencing.

Telephone:	800-786-4231
FAX:	260-837-9090
Web Address:	www.intelicode.com
Email:	support@intelicode.com
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